THE

MEDICAL AND SURGICAL REPORTER.

No. 1254] PHILADELPHIA, MARCH 12, 1881. [Vol. XLIV.—No. 11.

ORIGINAL DEPARTMENT.

LECTURE.

TREATMENT OF TYPHOID FEVER IN CHILDREN.

Delivered at Hôpital des Enfants Malades (Paris),

BY M. JULES SIMON,

Physician to the Hospital.

Translated for the MEDICAL AND SURGICAL REPORTER.

The treatment of typhoid fever in children differs essentially from the treatment instituted for the adult. No dependence can be placed on active medication, or on any special remedy; a series of indications exist, however, which must receive proper attention.

These may be summed up in the phrase, Sustain the vital forces; excite or calm the nervous system according to the state of the patient; seek to recall the cutaneous functions. During the first days the use, in abundance, of mild emollient drinks, is plainly indicated.

Acidulated drinks are to be preferred, as they are refreshing and most agreeable to take. This will suffice, at first, but after four or five days the administration of alcoholic preparations may be commenced. Alcohol, as you all know, acts as an excitant in certain doses, but on the other hand it is a well established fact that in disease accompanied by high fever it lowers the temperature and sustains the rapidly failing vital forces. The form under which alcohol is administered matters little; brandy, rum, or Madeira wine may be indifferently employed, proper attention being, of course, paid to the dose administered.

During the first period of the malady the child is, as a rule, constipated; but the scene soon changes, intestinal hypersecretion supervenes, and diarrhœa, accompanied in some cases by violent colic. In such cases, emollient fomentations should be applied over the abdomen, and enemata administered, containing two or three drops of laudanum, for a child from five to seven years of age. After two or three days of such treatment, and often sooner, the abdominal pains will become less intense and the meteorism less marked.

Every three days a small dose of some mineral purgative water may be given, not with the object of purging the little patient, but in order to clean out, as it were, the digestive tube.

Every day enemata of water, containing, if desired, some antiseptic substance, may be administered. In order to excite cutaneous secretion, the whole body should be sponged with lukewarm water containing a little aromatic vinegar.

Cold baths should not be employed in the treatment of infantile diseases; moderately warm baths give equally good results, without presenting the dangers of immersion in cold water. The patient should, if possible, be moved from one room to another, morning and evening. The object of this practice is to prevent the prolonged sojourn of the infant in a room where the air is poisoned by the excretions and exhalations engendered during the course of the disease. The most absolute silence, and a darkened room, free from inopportune visitors, will prove of benefit. The diet should be very mild, milk and broths being the staple articles used for the alimentation of the patient.

To sum up, the treatment of ordinary typhoid fever, running its course without notable complications, should consist in directly sustaining the

forces by a milk diet, with broths and alcoholic preparations; and indirectly by diminishing the intestinal secretions and combating the active principle of the disease by washing out the digestive tube, by frequent change of air, etc.

TREATMENT OF COMPLICATIONS.

1. *Abdominal Symptoms.*—When abdominal symptoms are spoken of, super-purgation and intense abdominal pains are generally understood. The absorbents and mild astringents should be employed in such cases; as much as ten grams of creta preparata per diem may be administered in a mucilaginous julep, or four grams of subnitrate of bismuth in sweetened water. Enemata of starch, containing four or five drops of tinct. opii, may be administered; the dose of opium being gradually but cautiously increased.

In conjunction with this treatment emollient poultices should be applied over the abdomen, but the diarrhœa may possibly not be arrested for four or five days.

2. *Thoracic Symptoms.*—The most frequent are generalized bronchitis and congestions of both lungs. Emetics should, in general, be avoided. Ipecacuanha, senega, and the preparations of antimony should not be employed. All these medicaments would but depress the vital forces of the patient, if they did not even destroy him.

Dry cups may be applied over the chest, morning and evening; this is a simple, but powerful, means of revulsion always at the disposal of the physician.

Insist on the alcoholic preparations, which you may prescribe at the dose of twenty or thirty grams per diem, adding, if necessary, a small quantity of extract of quinquina.

If dyspnœa should become very urgent, a flying blister should, without hesitation, be applied on the chest, and should be left about three or four hours in situ, but never more than five or six. Thus applied, it will suffice to produce irritation of the skin; after its removal a large warm cataplasm may be applied, to aid in bringing about the serous effusion under the epidermis. We should not deprive ourselves of an agent of great power, particularly in children, in the dread of producing an eschar; it is true that this accident happens more frequently in typhoid fever and in cachectic conditions of the system, but its occurrence may always be prevented by removing sufficiently soon the blistering agent.

3. *Cerebral Symptoms.*—These are the symptoms against which therapeutic agents have least power. If the child presents symptoms of great cerebral excitation, chloral may be administered in the dose of one or two grams, or an enema, containing one gram of chloral, one gram of camphor, and the yolk of an egg, may be prescribed. Bromide of potassium should be given only as a last resource, and never for more than two days, consecutively.

4. *Hemorrhage.*—Intestinal hemorrhage during the course of typhoid fever is rare in children; epistaxis is of more frequent occurrence. There is one simple mode of arresting hemorrhage from the nose, which generally proves efficacious. Agaric is cut in long strips, about half an inch in width; these are introduced as deeply as possible, until the nostril is filled; then another is applied transversely across the external opening, and the whole is kept in place by a roller passed around the head. Sometimes it is necessary to saturate the agaric in tincture of ferri perchloridi.

Plugging the posterior nares with the aid of Belloc's instrument should be avoided; it is very difficult of accomplishment, on account of the restlessness of the child; it induces nausea and gives no better results than the other method.

When hemorrhage from the intestine occurs, administer two drops of tr. ferri perchlor. every half hour or every second hour. If this does not suffice, give cold drinks, place compresses wrung out of cold water on the abdomen; internally give pounded ice, which, when mixed with pulverized sugar, is taken without repugnance.

5. *Accidents through Compression.*—Redness and eschars are induced on the parts which support the weight of the body; they appear oftenest on the sacrum. An attempt should be made to prevent these accidents; the pelvis of the child should be supported on an air pillow about two-thirds filled; the parts should be sponged with an infusion of oak leaves, or with some other astringent preparation.

We will conclude with a brief mention of the treatment appropriate to grave forms of typhoid fever.

In *ataxo-adynamic* forms, characterized by delirium with prostration, a blister should be immediately applied to the back of the neck; and when the first has become dry a second may be applied in the same place.

Finally, in *adynamic* forms, in those accompanied by much prostration, tonics and substances acting as stimulants to the nervous system must be insisted on. If necessary, the patient may be plunged into a cold bath; a few seconds' immersion produces remarkable excitation; but this is a means which should be employed only after having in vain tried all the others.

COMMUNICATIONS.

ON THE TREATMENT OF NEURALGIA BY STATIC ELECTRICITY.

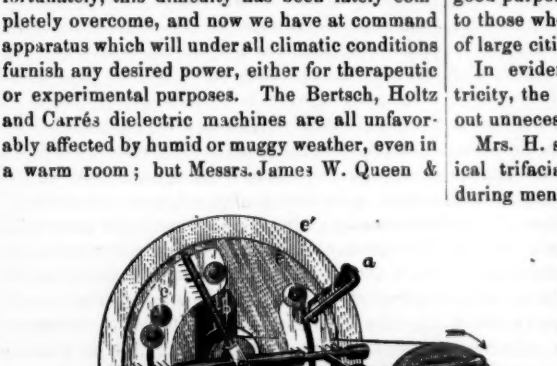
BY WM. R. D. BLACKWOOD, M.D.,
Physician to St. Mary's Hospital, Philadelphia.

The varied list of diseases falling under the care of the profession renders labor and responsibility more or less irksome, according to their gravity; and although acute cases are, as a rule, exceedingly troublesome at times, it is seldom that a critical condition in these instances extends beyond a few days at furthest, or, as generally prevails, a few hours. Chronic affections, on the contrary, from their persistence, are the bane of practice, and none of them present greater difficulty in management than the neuralgias so commonly met to-day in all parts of the land and in all classes of society. An additional matter of note in this connection is found in the fact that while an attack of one or other form of neuralgia is at its height, the patient is, in all respects, in a condition akin to that found in the most acute malady of other types, demanding as much the personal attention of the physician, and even more so, in the majority of instances. This is notably true since the hypodermic system of medication has become universal, and the demand upon the practitioner's time and services has been largely augmented by the inherent necessity of the method, although the reprehensible example has been set by thoughtless members of permitting or encouraging patients to employ the syringe themselves, a fault chargeable with an amount of injury which would hardly be believed by some of these easy-going gentlemen. It is difficult to parallel, for example, the agonizing pain present in the facial neuralgias, notably the epileptiform or central neuralgia of Trousseau, which is almost beyond the ability of human endurance; yet how frequently is this evidenced in the most delicate ladies; and how sad their condition until the paroxysm is absolutely drowned out by morphia; and reflect that the demand for this drug in increasing doses, in time, too often fixes a habit more dangerous than the original disease, and one in itself more baneful, as destroying, in the long run, the mental and bodily health alike, while it may be, at best, only keeping the enemy in check, but not removing it.

Let those who have had a large share of hemicrania, spinal, facial, cervico brachial, intercostal, lumbar, or sciatic neuralgia, revise their cases and determine the percentage of *recoveries*, despite the multitude of specifics of every type, from the oldest to the latest born, with which we are favored from time to time by enterprising manufacturing chemists. It will possibly abash the inquirer (depending somewhat on his temperament to find how many sufferers have wandered from him to his confreres; or in the instance of his regular families, who stick to him through thick and thin, to learn how transient the relief has frequently been, and how often and continuously the patient has required his aid in years gone by. The simple truth about neuralgia is, that the greater part of successful treatment lies in the direction of mitigation, not cure. The reflex neuralgias, such as from decayed teeth, and such like easily removed factors, are, of course, excluded from consideration. It is worth while, therefore, to look further into our therapeutic resources, to learn whether or not during time fruitlessly spent in trial of new remedies, we have not overlooked those which in the past have done good service, but which in the march of fashion in medicine, as in everything else, have been set aside and forgotten. Attention has been called, in the REPORTER, by the writer, on several occasions, to the value of the galvanic and faradic currents in nervous diseases, with illustrative cases, and it has been a pleasure to learn, by letter, from far distant members of the profession, that through the interest thus evoked they too have succeeded in frequent examples where before the employment of this invaluable ally their best skill was baffled. With the design of extending the remedial resources of this agent, attention is asked briefly to one form literally unknown to the mass of the profession in its therapeutic aspect—"*Static*," or more correctly speaking, "*frictional*" electricity, the earliest known of all kinds. In a careful examination of twenty works in my library on electro-therapeutics, I find reference made casually in three only, to the use of this variety; yet in a very old manual of chemistry and physics, allusion is made to the great value of "the spark," as it is termed, "in various pains of the bones of the head and the joints, which are thereby cured after all medicaments be of no use."

Now, with sensible men, there is a reason for everything, and having repeatedly observed similar laudations of the "spark" and the "shock" (from the Leyden jar), in several old books in my library, I wondered how the thing was dropped if there was anything in it. Experiment has shown me, during the past half-dozen years, beyond question, that there is a great deal in it, and I can only account for the abandonment of static

electricity because it has heretofore been so difficult to manage, through inherent defects in the old cylinder and plate machines, which worked more or less satisfactorily when you did not care to use them, but which incontinently refused to do anything just as they were most needed. A humid atmosphere or the breath of a small audience has over and over again ruined the exhibition of handsome experiments, to the disgust of more than one lecturer on popular science. The discovery of the Rhumkorf induction coil did away with this discomfort, but as it is not fitted for medical use, faradic and constant currents have sufficed those of the profession who employ electricity in practice. As many neuralgias are worse in wet weather, mechanism unfavorably influenced by humidity is necessarily useless; but, fortunately, this difficulty has been lately completely overcome, and now we have at command apparatus which will under all climatic conditions furnish any desired power, either for therapeutic or experimental purposes. The Bertsch, Holtz and Carrés dielectric machines are all unfavorably affected by humid or muggy weather, even in a warm room; but Messrs. James W. Queen & Co., of Philadelphia, have succeeded in producing a modified "Tœpler" machine, which can be *actually sprayed* with water and yet give a continuous flow or a succession of sparks of high tension as desired. The difficulty thus encountered in a very handsome Holtz machine has been the sole obstacle in the way of my not reporting sooner the value of static electricity in practice, lest similar disappointment might not be borne with equanimity by readers of the REPORTER, who might be induced to investigate the matter in the same way that a good number have done in another direction, through my paper, "How to Make a Cheap Galvanic Battery," in the issue of July 31, 1880. As a specimen of fine workmanship and cheapness combined, the "Queen's Tœpler" machine is unequaled, and for efficiency it cannot be too highly commended. The brilliancy of Geissler and spectrum tubes is brought out remarkably by it, and in the way of amusement and instruction in the family circle it will serve a good purpose on many a winter night, especially to those who are debarred from the opportunities of large cities.



The machine illustrated consists of a stationary back plate and a revolving front plate. When put in motion the electricity generated on the revolving plate is taken from the small metallic discs by brushes on the arms *a d* and transferred to the armatures *c c* on the back plate. This plate, when charged, reacts upon the revolving plate by induction, and electricity is taken therefrom by combs on the horizontal cross arms, and passes by spark between the discharging rods *r r*. When the condensers *i i* are removed, the flow is continuous, and of low tension; when they are in position, as represented in the cut, the discharge is in high tension, the sparks being smaller and more rapid, as the sliding rods *r r* are near each other, and slower and denser the greater the separation of the balls. Charges of great intensity can be had through one or more Leyden jars, the potential being regulated by the size and number of jars employed.

In evidence of the advantage of static electricity, the subjoined examples are cited, without unnecessarily going into details:—

Mrs. H. suffered for several years with periodical trifacial neuralgia, which was intensified during menstruation, at which time ovarian neuralgia was usually added. She presented no cause, in the way of imperfect teeth, indigestion, or depraved secretory action, nor did her social position expose her to cold or wet. Quinia, iodoform, belladonna, morphia, and other drugs had been exhausted without other than temporary benefit to the face symptoms and none to the ovarian. She came to me for electrical treatment, and had thorough galvanic applications locally, with general faradization. Although her strength and nutrition was improved the paroxysms were merely shortened when present and somewhat delayed, and after a fair trial I became dissatisfied with the progress which would, doubtless, if persisted in, have ultimately cured her as it has done others, but in view of a trip to Europe I wished, if possible, to finish the case prior to her departure. She came to see me one afternoon when suffering considerably with supra-orbital pain. I had been working with my Holtz, rehearsing some experimental illustrations for a lecture, and to amuse her while the constant battery was being set up (it having been discon-

nected for recharging just before she entered) I charged her pretty thoroughly, and drew sparks from the brow and temple for some minutes, with the effect of completely removing the pain before she left the chair. Both constant and induction currents have done the same thing for me repeatedly, with others, but not in her case. She became enamored of the new battery, and I complied with her desire to further test its merits, with the result of permanently relieving her trouble before she left the city. The method employed was to charge her and draw sparks from the affected regions with the knuckles or a wire brush. She had tri-weekly treatment of all applications, but a dozen sittings under static electricity did more for her than treble the amount of the others separately or combined, and she has remained well. Had she not been cured before her European tour, either the voyage or some continental physician would have got the credit, for she was nearer well than I thought at the time the static electricity was used.

Mr. McC., an old patient of mine, had been gradually growing worse, from intercostal pain, laterally over the fifth rib, always constant, but with exacerbations at irregular intervals and usually worse at night. There was no discoverable cause, yet he became daily poorer in weight and general appearance, despite tonics and good feeding. Neither galvanism nor faradism were of service; his only resort was anodynes, but he disliked as much as myself to push them. With the good result of the first case in memory, I got his consent to try the Holtz, although he had no faith whatever in electricity. He got better from the first trial, and in three weeks was a different looking man. In addition to drawing sparks from the seat of pain, which was circumscribed and small in area, I disharged a small Leyden jar at the centre of the painful region, at each sitting, and finished the seance by thoroughly charging him and allowing the charge to gradually escape without drawing it by spark. Two months of treatment relieved him completely, without any assistance from medication. It is true that at long intervals he has slight twinges, but they are momentary, and no painful spot is now discoverable on pressure, as at first. My opinion for some time was that an exostosis existed at some internal point along the rib, which produced the peripheral pain, and that he was therefore incurable, but the result of treatment disproved this idea. He had no syphilitic, gouty or rheumatic diathesis, and I am still at a loss to account for the causation of his suffering. I am inclined, from experience, to attach considerable value to the so-called "positive charge" of Radcliffe in deficient nerve tone, it holding much the same relation as general galvanization or general faradization in bracing up neurasthenic patients.

H. R., a youth of seventeen, who previously enjoyed excellent health, became affected, during the winter of 1879, with neuralgic pain of the left testicle, cord, and perineum. The suffering at times was very great, especially in, as he thought, the lower part of the rectum, which, however, I ascribed to the vesicula seminales, or some point in the cord as it approached the veru montanum. Upon investigation, I was convinced that the trouble arose from masturbation, the semen being prevented from escaping by pressure over the urethra at the anal region, which possibly had produced distention of the duct near its emergence into the urethra. At any rate, he was alarmed at his condition, and relinquished his fault, yet the pain was persistent. He was kept on full doses of the bromides, to allay excitement of the genito-urinary tract, and suppositories of belladonna were used at bedtime, with camphor and lupulin. Progress, though present was slow, and after being satisfied of his good faith in avoidance of masturbation, and the suffering being evidently neuralgic, I put him on static electricity without trying either the coil or constant battery, and discontinued the medicine. Improvement was decided from the first, and a couple of months only passed prior to an entire cure. My object in adopting this form of electricity was purely experimental, because, as stated in former papers in the REPORTER and other journals, my uniform habit in such cases is to apply galvanism. He has had no return of the pain at any time.

In reporting these cases, selected from a number, I have no desire to deprecate other forms of electricity in neuralgia, or similar phases of nervous disease. My experience with galvanism particularly confirms daily the high position it of necessity occupies when scientifically handled, and although not an unqualified endorser of Duchenne in his estimate of faradism as equal in all respects to galvanism, I know from experience how valuable it is; but my purpose in bringing before the profession the claims of static electricity is simply to do justice to an agent almost forgotten, yet of great value in a wide field, and one which has the additional advantage of being easily manipulated under improved forms of mechanism, agreeable to the patient, safe in its application to points demanding great caution with the pile, and especially in brow neuralgias, in which faradic currents are obnox-

ious to the sufferer and of little utility. Constant batteries are troublesome to maintain, and in the hands of gentlemen not posted in electro-physics rapidly deteriorate, much to their disgust and pecuniary loss; and faradic inductoriums unless well made, don't last forever, the driving cell especially going on a strike at inconvenient moments, particularly with those remote from instrument makers, which is unpleasant, to say the least, to the owners, in the absence of mechanical tact. The static machine, on the contrary, is always easily handled, and as now improved is just as efficient in wet as in dry weather. The cost of frictional machines has heretofore been prohibitive, except to those addicted to philosophical investigation; now it is, so far as needs go in therapeutics, very small, the price ranging from twenty five dollars for a really serviceable apparatus to such higher amount as taste may dictate, in view of its applicability to experiment in the wide and entrancing field which is daily developing the incalculable worth of electricity in every department of life and business, a force once looked upon with awe, as an imponderable and mysterious power, not to be comprehended, but one which, if lost to science now, would leave the world at a loss indeed.

246 *N. Twentieth street.*

PREDISPOSITION TO AND INTOLERANCE IN DISEASE.

BY J. M. BATTEN, M.D.,
Of Pittsburgh, Pa.

That there is a difference in individuals in predisposition to and tolerance in disease, cannot be questioned. Why is it? This may be answered in the single word *heredity*. Predisposition to and intolerance in disease are twin sisters, hence have been running through the past ages, hand in hand.

Every contemporary human being on the face of the earth has his or her chain, extending back as far as the origin of man. Each of these chains has its respective links, and a cause operating upon any one of these links has its effect upon each succeeding link in the chain. Let each of these links in any chain, commencing with the first, represent the parents (father and mother) of the succeeding link, as their offspring. The latter will represent the second link, and their children the third link, and so on, till the last or contemporary link in the chain is reached. Now, I claim that any cause that has a tendency to decrease vitality, either disease or otherwise, operating on any one of the links in the chain representing the parents has its effect on their children and on their posterity.

Suppose x to represent any link in any y chain, to have been afflicted with any z disease; what is the consequence? Why the predisposition to any z disease in all the succeeding links in the chain is increased to take any z disease, and be less tolerant of the same.

If only father in any x link in any y chain has been afflicted with any z disease, the link representing his children will be less predisposed to and more tolerant in any z disease, than if both father and mother had been afflicted with any z disease. Unless it be their children take the constitution of the mother, in which case they would be less predisposed to and more tolerant in any z disease than the children who take the constitution of the father. It would be *vice versa* the same if the mother had been afflicted with any z disease and not the father. But the children taking the constitution of either parent, in either case, who had not been afflicted with any z disease would be more predisposed to and less tolerant in any z disease than if neither the father nor the mother had been afflicted with any z disease.

If in any x link in any y chain both the father and mother had been afflicted with any z disease, their children would be more predisposed to and less tolerent in any z disease than if only either of the parents had been afflicted with any z disease.

If in any x link in any y chain having been afflicted with any z disease, their children should intermarry in other chains whose links had not been afflicted with any z disease, would their posterity, provided their intermarriage was continued in chains whose links had never been afflicted with any z disease, ever reach a normal predisposition to and normal tolerance in any z disease? This question, I think, can be answered affirmatively provided other causes independent of any z disease did not operate on the chain.

If in case any x link in any y chain had been afflicted with any z disease, would that increase the predisposition to and decrease the tolerance in any other disease in the same link? I think it certainly would. The more links in any y chain that have been afflicted with any z disease or other diseases, the more predisposed to and the less tolerant in any z disease, or any other disease, will be each succeeding link.

If in any y chain none of its links have been afflicted with any z disease, why the contemporary link in the same chain would have a normal predisposition to and a normal tolerance in any z disease, provided none of said links in said

chain had been exposed to causes independent of disease which have a tendency to lower vitality, as dietetic abuses, exposure to cold or wet, want of proper clothing or food, climate or change of climate, overwork, without sufficient rest, living in badly ventilated houses or in cities; for these and causes of a like character must have been, no doubt, among the first in increasing predisposition to and decreasing tolerance in any z disease, and these operating on links in any y chain, either alone or in conjunction with any z disease, will increase predisposition to and decrease tolerance in any z disease, or any other disease, in all succeeding links of the chain.

It is a fact, however, in any z disease of a zymotic nature, that one attack decreases predisposition to and decreases tolerance in a second attack in the same person.

When any z disease is consumption or any other organic disease, it is well known how frequently the predisposition to and intolerance in the disease is transmitted from parent to offspring; and this is only a verification of the scriptural saying, the sins of a father will visit his children, to a third and even a fourth generation. This means, literally, that increased predisposition to and intolerance in disease are transmitted from father to offspring.

It may be claimed that healthy parents often transmit increased predisposition to and decreased tolerance in consumption, and on the other hand consumptive parents transmit a normal predisposition to and a normal tolerance in consumption. In the former case the increased predisposition to and decreased tolerance in consumption are transmitted from the grandparents, and in the latter case, when both parents are consumptive, the normal predisposition to and a normal tolerance in the disease are also transmitted to the children from the grandparents.

The parents of a family of which I know something of the history, were both healthy and lived to old age. Of their children, thirteen in number, six died of consumption. The mother's, brothers and sisters, and her mother, all died of consumption. In this case, the increased predisposition to and decreased tolerance in the disease were transmitted from grandmother on mother's side to grandchildren. Another family; the parents both healthy; father's parents healthy, robust Germans; the mother's sister is partly idiotic and partly paralyzed; of their children, three in number, two are paralyzed and idiotic; one of the latter died recently; the third child seems to be healthy; but none of the children showed symptoms of disease before the end of second year, and as the third child is not that old yet, the probability is that it also will become diseased. I instance another case in which predisposition to and intolerance in disease was transmitted from mother, who died of consumption; the father was a hearty, thick-set Irishman. The daughter was a woman of apparently fine healthy organiz.tion. She, after bearing a number of children, died at the end of fourth month of pregnancy; cause of death was not ascertained.

Three young men, about the same age, contracted each a chancre on the glans of the penis, and each followed by secondary syphilis; two of them, after a year's treatment, apparently recovered, the third, is less tolerant of the disease, for the reason that his father contracted syphilis before his marriage, and eventually died from the effects of tertiary syphilis. I might multiply cases in which predisposition to and intolerance in any organic disease are transmitted either through father, through mother, or through both, but the facts are so obvious that it is unnecessary.

With regard to infectious diseases, the facts, as in organic diseases, bearing relation to the transmission of predisposition to and intolerance in disease, may not appear so apparent. The only evidence I can present in relation to the subject are a few observations made by myself.

In the endemic of yellow fever at Newbern, in 1864, there were about one person in two exposed to the same exciting cause took the disease. Among the number attacked, a certain number recovered while the remainder died, notwithstanding treatment and care were the same. This has been true, also, in all endemics and epidemics of yellow fever of which we have a history. The same is true of epidemics of Asiatic cholera, and the same would be true also in epid mics or endemics of variola among the unprotected by vaccination. During the epidemic of variola in 1871–72, many persons came under my observation who escaped the disease altogether, notwithstanding they were exposed to the disease and had never been vaccinated. In not a few persons who were attacked with variola, I noticed that either father or the mother of those attacked had suffered with variola previously. Among those who escaped the disease, I further noticed their parents had never been attacked with any disease. Upon inquiring into the history of those who died, I found that their parents had either had variola previously, or had been afflicted with other diseases. I believe the same may be said of scarlet fever, measles, diphtheria, or typhoid fever.

How often is it noticed in families living in the same neighborhood, on the same street, and even in the same block of houses, the sanitary conditions of which are apparently the same, when an endemic of scarlet fever, diphtheria or typhoid fever visits the location named, some one of the families have all or a portion of their children attacked with the disease, some of which die, others recover, while other families in the location named escape the disease altogether. Of course, it may be said that all these families or the different members of the same family, may not have been exposed to the same exciting cause. And this may be true very frequently, but is it not also true, that predisposition to and intolerance in disease, which I believe is transmissible, forms, very often, the very important factor in the cause of disease and death.

There are many families who have come under my observation and who, amidst disease of all kinds and death all round them, have escaped them all. If we acquaint ourselves with the history of these families' ancestry we will find either that they had a normal predisposition to and a normal tolerance in disease or were approximating them.

And in conclusion I would say, if it were not that every birth is a regeneration, and were the constitutional predisposition to and intolerance in disease which diseased parents transmit to their offspring not modified by an inalienable bequest of the older world and by the redeeming instincts which our all-mother grants to every new-born child on earth, the people of the world would long ere this have become extinct.

STONE IN THE BLADDER OF A FEMALE REMOVED BY LITHOTRITY.

BY H. O. SPENCER, M.D.,
Of Erie, Pennsylvania.

In the month of June last I was consulted by Mrs. C., of this city, who brought her daughter Mary, aged twenty-six years, single, to my office, for examination and treatment. She informed me that the young lady had been troubled with some "female difficulty," as she expressed it, and had been treated by a number of physicians, for leucorrhœa, prolapsus uteri, etc., but had received no benefit, in fact, was getting worse all the time, and that her sufferings were becoming unendurable, especially when she attempted to urinate; said that something "stuck" her in the region of the bladder, so that she could not keep from crying out. I made a thorough examination of her case, and came to the conclusion that there must be stone in the bladder. I attempted to introduce a catheter, but the urethra was so irritable that I found it impossible, unless I should administer an anæsthetic, which I did not like to do, thinking it would be better to give her an anodyne, with diuretics, and wait for results.

This treatment had a very favorable effect, and she improved in her general health and appearance, but still had difficulty in voiding her urine. She went along in this way, passing the summer quite comfortably, until the twentieth day of September. I was summoned in great haste to see my patient. I found her suffering terribly. I could hear her screaming before I got to the house, and when I entered her room I found her mother and sister crying, and with the trio was Father C., the priest, giving all the assistance and consolation in his power. I soon learned that she had attempted to urinate, and all at once the water stopped, and that "something stuck her again," as she expressed it.

I at once proceeded to introduce a silver catheter, but before it entered the bladder I felt it come in contact with a stone. Having a very slim pair of polypus forceps with me, I introduced them into the urethra and had very little trouble in getting hold of the stone, which was about the size of a hickory nut, and which I removed in a few minutes by careful and gentle traction. I then gave my patient a dose of morphia, hypodermically, and in a short time had the pleasure of seeing this suffering girl resting sweetly. From this time on she improved rapidly, and expressed herself as being cured, for which she and her friends expressed great thanks to me. Everything went along smoothly with her, and I heard nothing from the case until the twentieth day of December. Her mother called and informed me that Mary had the same difficulty again in urinating, and that she felt confident there was another stone. I informed Mrs. C., that I would call in the afternoon. I did so, and at once proceeded to introduce a sound. As soon as the instrument entered the bladder I felt it "click" against the stone, and by a little manipulation I soon learned that instead of being small, like the one first removed—the size of a hickory nut—it was as large as an ordinary hen's egg. I informed the anxious mother that the stone was too large to be removed without first dilating the passage, and set myself to work to do it, by first introducing a small bougie, and the next day a larger one, always having them well smeared with ungt. belladonna. In a few days I thought I had suffi-

cient dilatation to remove the stone; introducing my forceps I seized it, but soon found that it was too large to remove whole, unless I used the knife, which I did not like to do if I could avoid it. I determined to crush it and take it away in pieces. I then introduced an instrument for that purpose and soon had the stone in at least four pieces, which I removed separately in a short time. I then washed out the bladder thoroughly, which brought away several small pieces. I then administered an opiate and left my patient for the night. I learned in the morning that she rested well, and the day following was sitting up. She has been gaining rapidly, and says "she is cured this time, sure." Being of the opinion that it is a very rare thing to see a case of stone in a female, I thought it might be well to report the case.

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK.

CLINIC OF FRANCIS DELAFIELD, M.D.,

Adjunct Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, N. Y.

Reported for the MED. AND SURG. REPORTER.

Organic Heart Disease, with Parenchymatous Inflammation of the Kidney.

GENTLEMEN:—This is a boy, fourteen years old, who was admitted to the hospital on the 8th of December. Five years ago he had an attack of chorea, which lasted for three years. Three years ago he had an attack of rheumatism. During the summer of 1879 he began to have pain in the left side, shortness of breath and palpitation. At about the same time he began to cough, and he has continued to cough ever since. He has had some hæmoptysis and night sweats. During the winter of 1879 it was noticed that his feet and legs were swollen, and his face also. That was the first time at which he began to have dropsy. And at that time he passed only a small amount of urine, suffered from severe headache, and from vomiting. There has been no trouble with his sight. The dropsy which came on during the winter of 1879 lasted for an unknown period and then disappeared, and this winter, some time before he came in, on the 8th of December, the dropsy again returned.

At the time that he was admitted to the hospital physical examination showed a mitral regurgitant murmur of the heart, with hypertrophy and dilatation of the left ventricle. His urine contained albumen; contained no casts; and the specific gravity was 1.020. The amount of urine since he has been in the hospital has varied from twenty ounces up to eighty ounces. Twenty ounces was the smallest amount, eighty ounces the largest amount. It has been gradually increasing since he has been in the hospital, and he ordinarily passes from fifty to seventy ounces of urine a day at the present time. The dropsy has also improved since he has been in the hospital.

This is some of his urine, which you will observe is of about a natural color, a little dark. The specific gravity has been about 1.020 most of the time. When we add nitric acid in the ordinary manner you see that there is a considerable deposit of albumen, but still the quantity is not nearly as great as we sometimes get.

Here, then, we have a boy, fourteen years old, who had rheumatism in 1878, shortness of breath and palpitation in the summer of 1879, who had dropsy in the winter of 1879, a dropsy which lasted during part of the winter and then disappeared, and at the time he had the dropsy he also suffered from headache and vomiting. This winter, in December, the dropsy came on again. Since he has been under observation, since the 8th of December, it is evident that he has organic heart disease, that he has hypertrophy and dilatation of the left ventricle, with insufficiency of the mitral valve. His urine has been of a specific gravity of about 1.020, it contains a considerable amount of albumen but no casts, and although it was a little scanty when he first came into the hospital, since then it has been in excess of the normal amount. The dropsy since he has come into the hospital has in great measure disappeared. You observe that at the present time he has not much dropsy.

Well, of course, anybody would say the boy is suffering from organic heart disease and Bright's disease. But that is not being specific enough. The question is, what is the condition of the kidney? As regards the condition of the heart we can be tolerably certain; he has insufficiency of the mitral valve, and he has hypertrophy with dilatation of the left ventricle, as a result, probably, of the attack of rheumatism from which he suffered some years ago. But, in addition to this, he has given us the symptoms of a renal disease, and those symptoms have been, dropsy coming on a year ago; at that time not only dropsy but vomiting and headache, and at that time the urine diminished in amount. We do not know anything about the urine at that time, except that it was diminished in amount. These symptoms disappeared, but they came on again this winter; and this winter he again had dropsy, which is now getting better; his urine was again scanty for a time, but is now in excess; and his urine since he has been in the hospital has been of a specific gravity of about 1.020, and has shown a considerable amount of albumen, but no casts. Now, what sort of kidneys has he? "He had a tubular nephritis at first, I presume, and now an interstitial." Well, why would you think it has changed from a tubular to an interstitial nephritis? "From the fact that there are no casts in the urine at the present time. As a usual thing, in case of tubular nephritis, I would suppose there would be granular and fatty casts at this time." Well, I cannot find fault with you for saying that, because that is a thing which is very generally taught; but I believe the fact to be just the opposite; that in the majority of cases in which the disease is confined to the epithelium of the tubes, in which it is properly speaking a tubular nephritis, those are just the cases in which you do not get casts; and that the cases in which the interstitial tissue is involved are just the cases in which you do get casts.

Of course, that is in opposition to what is ordinarily taught, so that I cannot find fault with you for the opinion which you have given. Of course, there is a difference in the reasoning, for we do not know whether or not when he had his dropsy, a year ago, there were casts. Of course, reasoning as you do, you would suppose there were; reasoning as I do, I should suppose there were not. I should agree with you, however, that he had suffered from what may be called tubular nephritis, meaning by that an affection of the kidneys in which the lesion is confined to the epithelium of the tubes and the epithelium of the malpighian bodies, without any affection either of the stroma of the kidney or of the malpighian tuft. I should believe that that was the disease from which he began to suffer, but I should also believe that it was the disease from which he is still suffering. The specific gravity is still high. You will observe that although he passes a considerable amount of urine, more than the normal amount, yet the specific gravity continues to be 1.020, which is near enough to normal when the amount is normal. If he had been developing interstitial changes in addition to the changes in the tubes, in other words, if he had gone on to have chronic diffuse nephritis, the specific gravity would not be likely to have continued at what it is now. Then, although it is a smaller thing to go by, the appearance of the urine is of some consequence in these cases. A patient who is suffering from chronic diffuse nephritis, that is, from changes both in the epithelium of the tubes and in the stroma of the kidneys, does not usually have urine of that color. He has a light, pale-colored urine.

Then, the absence of casts which exist at the present time would be to me a confirmation of the theory that he is suffering simply from an affection of the tubules of the kidneys, and not of the interstitial tissue. When I say this, however, I must say a little more exactly what I mean. If a patient have that form of kidney disease in which the principal changes are in the interstitial tissue, but comparatively few changes in the tubules, such a patient will have but very few casts in the urine; there may be so few that you will hardly discover them at all. Not only will there be few casts, but there will be very little albumen. The albumen will be absent just as the casts are absent. When you have at the same time a large amount of albumen persisting, and a small number of casts persisting, with high specific gravity of the urine, and with urine of such a color as you have there, and with the rest of the history to match, the probabilities are that the patient is suffering from that form of kidney disease in which the epithelium of the tubules and of the malpighian capsules alone is involved. That I should believe to be the condition of the boy at the present time: that he is suffering from organic heart disease; that he is suffering at the same time from parenchymatous inflammation of the kidney, using the term parenchymatous inflammation in its strict sense.

Now, as to the prognosis and the treatment. The prognosis, I am sorry to say, is not very good. It is made much worse by the cardiac complication. If it were not for this it would be possible for him to get well; it would be possible for the renal trouble to gradually disappear and not come back; but the cardiac complication makes this much less likely.

Then, as to the treatment. The treatment is, to a certain extent, a palliative one. Since the boy has been in the hospital he has had enough to eat; he has been in a place that is warm, almost too warm; he has been taking diuretics, and his dropsy has gradually diminished. The heart's action has become more regular, and the general condition of the boy has improved, and I should hope that his experience this winter will be the same as it was last winter; that the dropsy will disappear altogether, that the boy will feel better, and that he will be well during the spring and summer. But next winter the same thing will probably recur, and we will have the same story of dropsy over again.

Chronic Diffuse Nephritis.

Case 2.—This is a man, fifty-eight years old, who was admitted to the hospital on the 15th of January. He says he was in good health until about two months ago. He has always been intemperate, and for some time past he has been very intemperate. He has had slight cough for some years. About six weeks before his admission to the hospital his legs and feet began to swell, and there was also some œdema of the face. There is now œdema of the legs and hands, and of the arms. He has had a good deal of headache during the past six weeks and some difficulty of vision. There is also a history of constitutional syphilis. At the time of his admission to the hospital his urine was alkaline; it was of a specific gravity of 1.014; it contained albumen, but no casts were found. The quantity of urine was in excess at the time of his admission. He was passing sixty ounces on the first day, and since then he has been passing between sixty and eighty-five ounces. This is his urine. Now, you will observe the difference in color between these two. The urine from this man is turbid, it is not a clear urine, and that turbidity changes its color somewhat. The other urine, that of the boy, is perfectly clear; and if you were to try and abstract the turbidity from this man's urine you would observe that it would be a great deal paler urine than this other, which is perfectly clear. This urine of the boy, although it is perfectly clear, has considerable color. Here, again, we have albumen, but we do not have it to the extent that we had it in the former patient's urine. It is present in fair quantity, but it is not present to anything like the amount we had in the last case.

Well, now, we have a man who has always been intemperate, who has had constitutional syphilis, who is now fifty-eight years old, and who says that he was not ill until two months ago. I confess I should not believe that. I should not believe he had been well until two months ago, no matter what he said. But his history is, that he was well until two months ago, and that six weeks before his admission he began to have dropsy, and that dropsy has continued up to the present time. At the time of his admission to the hospital, six weeks after the commencement of the dropsy, his urine was of a specific gravity of 1.014. It contained the amount of albumen

which you see; it contained no casts or very few casts. When we say no casts we generally mean very few casts. The urine was in excess. The dropsy has diminished since he came into the hospital. A few days ago, when I saw him, the dropsy was marked, but now it has in great measure disappeared. You can observe he has a pretty well marked syphilitic eruption on the arm.

Now the question is, what sort of kidneys has this man? Here again you would say that the man has Bright's disease, and you would say very correctly. But the question is what sort of kidneys has he? What is the anatomical lesion? "It may be interstitial, it may be a waxy kidney." Yes, he might very well be suffering from what are called waxy kidneys. When we say the man has waxy kidneys, however, we ought to be a little more definite as to what we mean by that. What do you mean when you say a man has waxy kidneys? "A kidney in which degeneration began in the walls of the blood vessels, by a deposit of a waxy material." You mean, then, there is an infiltration of the so-called waxy material in the walls of the blood vessels, and especially of the malpighian tufts. Is that all the matter with the kidneys? "After awhile the tubules also become degenerated, and then the interstitial substance itself, in the same way." Well, there again you speak as you are taught, but you speak as I should not agree with you. That is, I should not agree with you as to the sequence of the change. It is very commonly taught and very commonly believed, that in waxy kidneys the first change is in the walls of the arteries, and that the changes in the tubes and interstitial tissue come on secondary to this, and after this. This I believe is not so; and the reason that I believe thus is, that in the very earliest examples of waxy kidney that you can possibly meet with you can find the changes in the tubes and in the stroma already advanced, and you will find them more advanced than the changes in the walls of the blood vessels. You can, for example, meet with kidneys having the gross appearance of the large white kidney, with very marked changes in the tubules, with very marked changes in the interstitial tissue, and yet with a waxy infiltration just beginning in a few of the loops of the capillary tufts and malpighian bodies. And this is the rule, and not the exception, as I believe. I believe the rule is, that the changes in the tubules and stroma are developed sooner than the changes in the walls of the blood vessels.

When we say, then, that this man has waxy kidneys we mean really that he is suffering from chronic diffuse nephritis with waxy infiltration of the walls of the blood vessels added to this; that he is suffering from ordinary chronic diffuse nephritis, and to the lesions of chronic diffuse nephritis are added waxy infiltration of the walls of the blood vessels. That I believe is the sort of kidney that he would be likely to be suffering from. These kidneys would appear to the naked eye what are ordinarily called large white kidneys; the form of kidneys in which the two kidneys would weigh from sixteen to twenty ounces. The cortex would be thick and white, and the pyramids would be large and red. And if we examined them minutely we would find well marked changes in the tubes, patches of new connective tissue in the cortex, and we would find more or less waxy infiltration in the malpighian bodies, and perhaps in the small arteries. The specific gravity in this man, although it is lower than it should be, is not as low as it is in those cases in which waxy infiltration is far advanced. That is the general rule. If you have a case in which the waxy infiltration is very far advanced indeed, the specific gravity runs down usually lower than this, to 1.010 or 1.009; sometimes it will even come down to 1.002 or 1.001. So, although one cannot be absolutely certain, still I should think the probabilities were, that, although there is waxy infiltration in this man's case, it is not very far advanced; that it is one of the ordinary cases in which lesions of the tubules and of the stroma are much more advanced than is the waxy infiltration.

Now, what is the prognosis and the treatment in this case? Here the prognosis is certain, and it is certain only in one way. It is certain that the man will never entirely recover from his kidney disease. When this sort of kidney has once begun it is something that never disappears. When a man has it he always has it. The symptoms may develop with more or less rapidity; some patients go on for a number of years, having symptoms from time to time, being pretty well the rest of the time; in other patients the symptoms become well developed much more quickly.

Then, as to the treatment. This man has not been taking anything. He has simply been kept quiet since in the hospital, quiet in bed, and absence of alcoholic drinks has been sufficient to cause the dropsy to disappear. He has taken no diuretics. He has taken no cathartics. The dropsy has just gone away of itself. That is a thing we see commonly enough in the hospital, and we see it, not because the men live so extraordinarily well after they come into the hospital, but because they had been living so very badly indeed before they came into the hospital. This man has done about as well as he could do. The dropsy has gone away, his general condition has improved, and that is about all we can expect. In the course of a moderate length of time he will probably be well enough to go away, and go about his business again, and then how quickly the symptoms will return will depend very much, I suppose, upon how much he drinks. If he begins to drink hard again the dropsy will probably come on again pretty soon; if he be more moderate in his drinking, the dropsy may leave him alone some little time, especially if he can go through the winter until warm weather.

CASE 3.—This man is forty-eight years old; was admitted to the hospital on the sixteenth of January. He says he was in good health until about a year ago. He has been intemperate for a good many years. For the past year he has had a constant cough, has had pain in the chest, most marked in the right side, and night sweats. He has never had hæmoptysis. He has lost about forty pounds in weight. Physical examination shows signs of a cavity on the right side, and of consolidation at the left apex. About one month ago his feet began to swell, and they

have been swollen ever since. The legs have become œdematous, and there has been some œdema of the face. There has been some loss of vision. He has never had much headache or vomiting. His urine is of a specific gravity of 1.020. It contains albumen. And here again no casts are to be found. The amount of urine passed on the sixteenth of January was twenty ounces; on the seventeenth, forty ounces; so it has been increasing since he has been in the hospital. This again is pale, but somewhat turbid urine. And here again we have a considerable amount of albumen.

We have, then, a man, forty-eight years old, who has had marked pulmonary disease for a year or more; who has marked lesions in the lungs resulting from that; and who has developed renal symptoms within about a month, the renal symptoms consisting in a dropsy involving the feet, the legs, and the face; a diminution in the amount of urine; a diminution which has disappeared, as he now passes forty ounces, the urine being of a specific gravity of 1.020, and containing, as you see, a considerable amount of albumen, and being said to contain no casts. His œdema, again, has diminished since he has been in the hospital. There is now a little œdema of the feet, but there is not much.

Now, here again is a man who has Bright's disease. And here again the question comes up, what sort of Bright's disease has he? What is the anatomical condition of the kidney? Well, this particular case is a case in which it is not fair to ask any of you to give an opinion, because it is a sort of case in which the symptoms might mislead you. In judging in these cases of the kidney disease, we have two sets of data to go by; we have to put together what we observe during life and after death. We have a comparison of the general history and of the condition of the urine during life with the condition of the kidneys after death. This is one way in which we judge as to the condition in which the kidneys are during the life of the patient. But then, besides this, there is another sort of experience in kidney disease, and that is, that patients who develop kidney disease in a certain way, under certain circumstances, are pretty sure to have one kind of kidney disease, no matter what the condition of the urine and no matter what the clinical symptoms may be. You will observe here is a sort of contradiction, but it is a contradiction which is founded on fact. Now, you will observe that the history of the urine of this man is such as would warrant you in saying that he has the same sort of kidney trouble as the boy has who first came in; that he has a tubular nephritis. You will remember that his urine at first was diminished in amount, but it is now passed in normal quantity; he has urine of about normal specific gravity, 1.020; it contains albumen, no casts, and the symptoms have lasted only about a month. That sort of history, under other circumstances, would warrant you in that diagnosis; it would warrant you in saying that the man was suffering from parenchymatous nephritis, or tubular nephritis, whichever you choose to call it. But that history is not the whole of the history of this man. This man, in the first place, has been in the habit of drinking; I will not say he has been intemperate, but he has been in the habit of drinking for a number of years; he has had a chronic pulmonary disease for the last year, and it is now well marked.

Well, as a matter of experience, when we have renal symptoms developing in such a patient as this the sort of kidney lesion that we have is not tubular nephritis, or parenchymatous nephritis, but chronic diffuse nephritis. A lesion of the kidneys in which both the tubes and the stroma, and very often the malpighian bodies also are involved. It is perfectly possible that in this man there may be waxy infiltration of the malpighian bodies. I do not know that there is. There might be and there might not be. But I can say that there are already well marked changes both in the tubules and in the interstitial tissue. In this case, again, it is not worth while to try to say whether the patient has large white kidney or whether he has contracted kidney, or whether he has one of those kidneys which is neither enlarged white kidney nor the contracted kidney. If you take a case with the whole history of this man you cannot be certain that he has the large white kidney. It may turn out you are correct, but you are correct by a guess, that is all; the next patient with the same history might have the contracted kidney, and the next patient neither enlarged white kidney nor contracted kidney; but you can be sure such patients are suffering from chronic diffuse nephritis, a lesion in which both tubules and stroma are involved. You cannot be sure as to whether there is added to this waxy infiltration of the malpighian bodies.

You can be sure as to the prognosis. It is bad. This, however, is a matter of less consequence in this case, because you have already another disease of which the prognosis is equally bad. The phthisis has already so far advanced that there can be little question as to the ultimate result, so that the kidney lesion will merely add to the other symptoms.

Tænia in the Human Subject in Denmark.

Dr. E. Krabbe, in 1869, communicated the particulars of 100 cases of tænia observed by himself and Professor Hannover, in Denmark, and he has since examined 100 more cases in the same country. Of the 200 cases rather more than half belonged to the city of Copenhagen, and the number was much larger in women than in men. The relative proportion of the different kinds of tænia has lately exhibited some remarkable modifications, especially as regards the *T. mediocanellata* and the *T. solium*, the former having been much more frequently observed since the year 1869. Dr. Krabbe (*Nordiskt Medicinskt Arkiv*, vol. xii, 1880) accounts for this result by the terror of the trichina which has prevailed since 1865, and has led to an extreme prudence among the population in the consumption of raw pork. On the other hand, this prudence has not extended to raw beef, and it is too little known that this kind of meat may also contain cysticerci. Raw scraped beef has been frequently recommended by physicians as a dietetic remedy for children and persons prostrated by debility.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Etiology of Vertigo.

At a meeting of the Medico-Chirurgical Society of Edinburgh, in January, Mr. McBride read a paper on the etiology of vertigo, of which the following is an abstract: In relation to this subject the theory was advanced that a nerve impulse striking the brain may, according to its intensity, involve a large or small central area. For instance, the pain caused by a carious tooth might be confined to those fibres of the fifth nerve corresponding to the tooth, or the impulse communicated along these fibrils might overflow and involve the central terminations of other fibrils, and even other nerves, producing earache, faceache, and mastodynia. It was, therefore, urged that nerve impulse communicated along any one nerve may overflow and involve other brain areas. Shock was considered to be an overflow of nerve impulse so powerful as to involve centres necessary for life. It was argued that vertigo is a definite sensation, and that for any sensation to be experienced a definite encephalic tract must become active. From experiments on animals, the effects of rotation in the human subject, and the phenomena of Menière's disease, it is known that stimulation of the nerves of the semicircular canals produces vertigo, and that therefore their central terminations must be in close relation with a vertiginous centre, which may (at least physiologically) be assumed to exist. We know, further, that irritation of the canals, if severe, is apt to cause vomiting, syncope, nystagmus, and other phenomena. It is therefore probable that nerve impulse communicated to the vertiginous centre tends to overflow and involve other centres (*e. g.*, the vomiting, cardiac, inhibitory, and oculo-motor centres). Probably all of these centres are in physiological relation (the central termination of the nerves of the semicircular canals, the vomiting, and the oculo-motor, as also the cardiac inhibitory); therefore impulses communicated to one tend to overflow to the others. In some persons it is justifiable to assume that a nerve impulse tends to overflow more readily on account of unstable equilibrium of the nerve centres, or perhaps of particular nerve centres. Nerve impulse also seems to spread in a definite physiological direction, as seen in the constant results of accidental or experimental lesions of the semicircular canals in man and the lower animals. Possibly this line of argument may be applied to the so-called explosive neuroses. If it be once admitted that vertigo may be produced by impulse applied to the oculo-motor centre, we have here an explanation of those cases where vertiginous phenomena are produced in animals after section of both auditory nerves. Vertigo may originate from causes (1) visceral, (2) ocular, (3) aural, as well as central (epilepsy, etc.) and general (anæmia, etc.) causes, as also through nerves of common sensation (pain). The general conclusions arrived at were—

1. That there is a cerebral area or tract, stimulation of which produces vertigo.

2. That this area may be stimulated by impressions ocular, auditory, sensory, or visceral, as well as central changes, and is in intimate physiological relation with the vomiting and oculo-motor centres. That is to say, impressions conveyed to one of those centres tend to involve the others by overflow of nerve energy.

3. That excessive stimulation of the vertiginous area will produce an overflow of nerve impulse to various motor centres, and probably unconsciousness.

4. That inasmuch as the phenomena of its excessive stimulation (as in rotated men or animals, Menière's disease, etc.,) are represented by a definite train of symptoms, we may infer that overflow of nerve impulse usually proceeds in the same direction—in other words, involves the same centres—first those which are intimately connected with it, then those more remote.

5. That possibly the same process of reasoning may be applied to death from shock, epileptic attacks, convulsions, and some of the other so-called explosive neuroses.

6. That in typical cases, ocular, stomach, and auditory vertigo may be distinguished from one another by the centre first involved. Thus we should expect that stomach vertigo would be preceded by nausea, if not vomiting; that ocular vertigo would be caused by changes in the motor apparatus of the eyeball, but that in auditory vertigo the giddiness is the first and may be the only symptom.

7. That sea-sickness is probably generally due to stomach irritation, for here, as a rule, we have first vomiting, and afterwards vertigo, which is, however, by no means a constant accompaniment.

Treatment of Wounds by Immersion.

Dr. C. B. Hutchins, of San Francisco, writes, in the *Western Lancet*:—

Reading, in a Cincinnati medical journal, with regard to the treatment of wounds and injuries by immersion, reminds me of a case which came to St. Luke's Hospital about five years since. It was that of a man who was engaged in loading wood on a railroad car; the wood being on one side caused the car to tip so as to allow the wood to slide off, when the car fell back to its position on the track; but in falling it caught the arm of one of the laborers between the wheel and the track, causing a double compound fracture of both bones of the left forearm. At both ends of the fracture the bones were uncovered. The accident took place in Marin county, and it was two or three days after the injury before the dressings were applied.

A tin receptacle was made by the tinsmith, which would allow the forearm to lie on the bottom, and the arm was kept covered with a solution of boracic acid. The arm had become enormously swollen, and the temperature of the fluid was so much increased that it was necessary to

keep ice in the fluid for some days. This was the whole treatment. There was not a tablespoonful of pus escaped from the wounds. The arm, while being a little deformed, was as useful as before the receipt of the injury. No report was made at the time, from the hope that another case might occur in which the treatment could be again tried. The solution was renewed about every three days at first, and then at longer intervals.

Treatment of Indigestion and Heartburn.

In the course of an article in the *Practitioner*, January, 1881, Dr. J. Milner Fothergill writes:—

For the purpose of whetting the appetite and thus acting reflexly upon the gastric secretion, we employ the class of agents known as bitters. To these we add hydrochloric acid. Ringer has pointed out how an alkali taken into the stomach before a meal, when the stomach is alkaline, produces a freer flow of acid afterwards. Consequently we comprehend the value of that well-known preparation indifferently termed, "Haust. Stomach," or "Mist. Mirabilis," or "Mist. Rhei et Gentian," in the various hospitals; a combination of world-wide fame. One drawback to this combination of rhubarb, gentian and soda is, that the student becomes familiar with it and its virtues, but remains ignorant of its exact composition, and so loses sight of it when he enters upon practice for himself. Such a mixture before meals, followed by ten drops of hydrochloric acid after the meal, will often make the difference betwixt imperfect digestion, producing discomfort, and digestion so perfect that it does not provoke consciousness. Or where there is much irritability in the stomach, *i. e.* when a bare, red tongue imperfectly covered with epithelium suggests a like condition of the internal coat of the stomach, then bismuth is most soothing. The mixture of soda, bismuth, and calcimba is in use for such indigestion with good results. The dietary in such a case should consist of the blandest food, milk, with or without baked flour in it, beef tea with baked flour; nothing more till an improved condition of the tongue tells of a more normal condition of the stomach. In such cases a plain opium pill at bedtime often soothes the stomach very nicely. Then there are cases where imperfect digestion is accompanied by the production of fatty acids, butyric and others, which add the phenomenon of "heartburn" to the symptoms; or there may be later products formed which cause the bitter, hot taste in the mouth on awakening in the morning or after a post-prandial nap. It is usual to treat "heartburn" by the exhibition of an alkali; but this is not good practice. In union with an alkali the offending matter is nearly as objectionable as in the form of free acid. It is much better to give a mineral acid, as the hydrochloric, or phosphoric, which breaks up the feebler organic acid. By such means we can aid the digestive act. Then at other times the indigestion is due to lithiasis, where the presence of uric acid impairs the efficiency of the gastric juice. In these cases all measures which do not entertain the causal relations of the dyspepsia are of little use. By the administration of potash in a bitter infusion, well diluted, taken half an hour before a meal, this element of trouble is removed. In all cases of gouty persons suffering from dyspepsia, do not forget this cause of impairment of the gastric juice.

Treatment of Carbuncle by Carbolic Acid.

In the Toledo *Medical and Surgical Journal*, Dec., 1880. Dr. J. T. Woods writes:—

It is now about two and a half years since a patient presented with two carbuncles, one on the back of the head, the other below it, on the neck. They were of moderate size only, the upper one open in three places, while in the lowest the skin was unbroken.

Having considered the various known properties of the carbolic acid, I determined to use it vigorously instead of inserting it in meagre quantity. I loaded my hypodermic syringe, and passing the point through the openings and into the sloughing mass in every direction, I completely saturated it with the pure acid and awaited results. In a minute the smarting disappeared and with it all pain and all sense of soreness.

By this result emboldened, I again charged my instrument, and thrusting it through the skin over the other carbuncle, in a variety of places, I soaked the whole carbunculous mass beneath the skin, enough of necessity escaping to fully bathe the borders, modify inflammation and destroy any septic elements then developed. I waited, not without concern, and was delighted to learn in a few moments that all the pain and soreness was gone in this also. The skin over the mass became quickly white, hard and dead, and in a few days detached, in the form of a slough, the interior mass also becoming rapidly loosened, only requiring the cutting of a few shreds to remove it, when the cavity was found to present a satisfactory appearance and rapidly filled up, leaving an exceedingly small cicatrice. The remarkable feature in this case was that after the complete saturation of the carbunculous mass no pain occurred, my patient going about his ordinary labor without discomfort. It is now one year since I treated a very painful case, the same method bringing about similar results, the party suffering no pain or even soreness after the lapse of one minute following the injection.

In making this suggestion, which so far as I know is new, I am conscious of the insufficiency of my cases, but I am so sure of its efficacy that I shall at once resort to it when case and occasion offer, and advise others to do so, at least until the value of the measure is determined.

In conclusion, I would advise the use of the pure acid only, and to complete saturation. Dilution would increase, if not create, danger of absorption of the acid, converting a very simple procedure into a condition of great danger, and insufficient quantity defeat the purpose for which it is used.

Remarks on the Treatment of Neuralgia.

Dr. W. C. Boteler writes, in the *Maryland Medical Journal*, Jan. 11:—

In looking for a treatment of neuralgia, I confess that I entertain the greatest respect for per-

sonal experience. The most diversified and even opposite modes of treatment frequently give good results. It is, of course, of paramount importance to search for the cause of the neuralgia, but unfortunately the most pains-taking inquiry is often unsatisfactory, and then our only resort is to attend to the symptomatic pain. This justifies a successive trial of reputed remedies, which include a large number of empirical ones. Nevertheless, it may be truly said of neuralgia, that of all the disorders of the nerves system, its prognosis is the most hopeful. If we are not uncommonly baffled to effect a permanent cure, we can at least alleviate the suffering of the patient at all times, and this may be speedily accomplished by the judicious hypodermic administration of morphia. I am convinced that even a perfect recovery from neuralgia not seldom follows the adoption of this therapeutic measure. A wide field for the application of our remedial resources is offered by the indications of treatment which the general condition of the patients suggest. Those who have observed the disappearance of even inveterate neuralgic disorders under the influence of a tonic, supporting and recuperative treatment cannot doubt the efficacy of such a procedure.

Antiseptic Removal of Scrotal Elephantiasis.

The antiseptic method in this operation is recommended by Dr. M'Leod, in the Edinburgh *Medical Journal*, Feb., 1881. He says, at the conclusion of his article:—

To sum up, the advantages which appear to me to result from the strict antiseptic treatment of these cases are: 1. By stitching the testes in place they are prevented, however long the cords, from being floated downwards or forwards by the profuse discharge. Less lymph suffices for repair, and the process of convalescence is thus materially shortened and final recovery accelerated. 2. The process of inflammation is entirely prevented. Repair takes place by physiological process, without intervention of any pathological phenomenon. 3. No constitutional disturbance takes place except the primary or reactive fever, which ensues within the first forty-eight hours, and this is very mild. 4. The risk of septic infection is entirely removed. 5. The process of dressing is painless, owing to absence of inflammation. 6. The patient is not a source of offence to himself or of danger to his fellows, putrefaction being entirely averted. 7. Cicatrization is materially accelerated. 8. The penis can be more easily kept free—a matter of considerable importance. 9. Much suffering and discomfort are avoided. 10. The risk of death is reduced.

—In New York City the total number of deaths reported up to noon, February 26th, from January 1st, was 6348, an enormous increase over the record of previous years. This is an average daily death-rate of 111 in the week of six working days. It is thought the increased population, the severity of the weather, and the prevalence of epidemic diseases have something to do with the increase, which would make this year's record reach or exceed 38,000, while that of 1880 was only 31,000.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Newark Eye and Ear Infirmary, under the care of Dr. C. J. Kipp, has issued its first annual report.

——A neat reprint is a lecture on the clinical anatomy of the lower extremity, and especially of the knee and ankle joints, by Dr. W. W. Keen, of this city.

——The Report of the Committee on Obstetrics of the Illinois State Medical Society may be had in reprint form from the chairman, Dr. G. W. Nesbitt, Sycamore, Illinois.

——An interesting sketch of Dr. Edward Jenner's discovery of vaccination, written by Dr. E. L. B. Godfrey, of Camden, N. J., has appeared in pamphlet form (pp. 16).

——A description of a case of recovery after extirpation of adenoid of the rectum, by Dr. Frank J. Lutz, of St. Louis, has been reprinted from the *Med. and Surg. Journal* of that city.

——Two cases of erysipelas of the lungs are reported by Dr. Wm. Porter, of St. Louis, in a reprint from the *Archives of Laryngology*. They show that this affection may occur as a primary disease.

——The *Proceedings* of the First Meeting of the Illinois Pharmaceutical Association, held in December last, at Springfield, have appeared in a pamphlet of 87 pages (Chicago: Chandler & Engelhard). It contains a full report of the discussions, list of members, Constitution and By-Laws, etc. The objects of the Association are "to elevate the pharmaceutical profession, and to protect the business."

——"Die Sterblichkeits-Ziffer *versus* Fortschritt und Modewechsel der Medicin" (The Mortality Rate *versus* Progress and Change of Fashion in Medicine), is the title of a pamphlet of 24 pages, written by Dr. Bernhard Segnitz, a New York physician. He discusses some of the various theories which have influenced the medical world in the last half century, and points out some of the undeniable steps in advance the art has made.

——Dr. William A. Hammond is now engaged in writing the biography of Servetus, who was burned, at the instigation of Calvin, in 1553, and who was, according to some, the discoverer of the circulation of the blood. Dr. Hammond will treat his subject from a theological, as well as a medical standpoint. We shall be wide of the mark if he does not furnish some "interest-

ing reading" in this biography, with various applications to the present day and its issues.

——The Biennial Report of the Board of Health for the State of Delaware, 1879, 1880, is a pamphlet of thirty-two pages, containing, besides the minutes of the meetings, essays on malaria and infant feeding. The former is accompanied by a useful table showing the relative presence of malarial diseases and others in different parts of the State. The former vary from as high as 75 per cent. to 10 per cent. of all cases. As the Report points out, this large number of malarial cases could be greatly reduced by proper sanitation.

——In a reprint from the *American Journal of Obstetrics*, Dr. E. W. Jenks, of Chicago, discusses the relation of goitre to pregnancy, and shows that in certain occult conditions of women, increased vascularity and enlargement of the thyroid gland may be produced as a consequence of some unusual excitement of the generative organs. Violent parturient efforts may cause the vascular form of goitre, but under the influence of pregnancy there may be gradual enlargement of the thyroid gland lasting for years; while, on the contrary, a goitre produced by one pregnancy is sometimes cured by a subsequent one. There are reasons for believing that, when goitre is caused by any disorder of the generative organs (excepting pregnancy), it is due more commonly to functional than to structural disease.

——Dr. Albert S. Adler, of San Francisco, discusses, in a reprint sent us, the doctrines of bilateral functions, in the light of experiments in metalloscopy. He states that the most important result of his examination is the fact that in healthy persons a simple irritation increases the sensibility of the part excited and decreases it upon the side not excited. There is no doubt that this phenomena appertains to those functions found by Adamkiewicz, and described by him under the name of "Bilateral Functions." "When in a category of these functions (secretion of perspiration) it treats of synergistic actions of the centers of organs situated symmetrically, the sensibility of the body represents a bilateral function in which the ganglia of symmetrically-situated organs are antagonistic to one another in their function."

——The *Transactions* of the Medical Society of Virginia, October, 1880, form a pamphlet of about a hundred pages. The address of the president, Dr. Henry Latham, is principally on the legal relations of the profession in Virginia. Dr. L. Ashton has an address on the relation of the profession to the outside world. Papers appear on cerebral localization, by Dr. W. C. Dabney; on functional eye trouble, by Dr. J. A. White; on the status of the medical profession in Virginia, by Dr. T. J. Riddell; and on new remedies, by Dr. C. R. Cullen. It is evident that there is urgent need for some kind of a medical law in that State. It appears that a higher qualification is demanded of a barkeeper there than of a doctor. Dr. Riddell writes:—

There are many intelligent citizens of Virginia who do not know that anybody can practice medicine in this State, without a diploma. I have frequently met intelligent persons of my city who were very much surprised when I informed them that the law of our State allowed anybody to practice medicine, irrespective of character or qualification; nevertheless, the law requires a barkeeper to establish a good character before he can obtain license to vend his beverage.

Certainly, this is most discreditable; but it is not a whit better in Pennsylvania.

BOOK NOTICES.

The Easiest Way in Housekeeping and Cooking. Adapted to Domestic Use or Study in Classes. By Helen Campbell, late Superintendent of the Raleigh (N. C.) Cooking School. Author of "Chips from a Northwestern Log," etc. 16mo. Cloth. $1.00.

The authoress of this work has produced a very useful manual for the instruction of housekeepers.

Part I of her book treats of the Situation and Arrangement of the House; Ventilation, Drainage, and Water Supply; Daily Routine of Work; Fires, Lights, and Utensils; Washing; Food and Health; Condiments and Beverages, etc. Part II treats of Marketing and Cooking, with several hundred excellent Practical Recipes and hints from the cookery of other nations; yet neither on the basis of high-spiced luxury, nor that of experiments in foreign dishes, etc., but such as are needed by the vast majority of American families, namely, people in "moderate circumstances." The peculiar value of the book lies in this fact, and in the additional one that the author leaves nothing to be done "according to taste" or "according to judgment," but specifies in each case just how much should be used. The essentials are in all cases treated first and most carefully, but the delicacies and graces and adornments of house and table find their full place, while sick-room cookery has a chapter to itself. The many recipes for breakfast and tea dishes, and relishful modes of utilizing fragments, etc., are another most valuable feature for our

wasteful American kitchens to heed. The "Household Hints," the proportioned "Weights and Measures," the "Time Tables" for cooking meats, fish, and vegetables, the "List of Utensils," "Hints to Teachers," "Tables of Lessons," "Questions for Examination," "List of Authorities," and Index of Topics, are all admirable and useful. The title of the book would seem to indicate some "royal road," but the good sense and clearness of its ideas show Mrs. Campbell's theory to be that "The Easiest Way" is the *best* way, and she certainly points it out.

Syphilis and Marriage. Lecture Delivered at the St. Louis Hospital, Paris, by Alfred Fournier, Professor, etc. Translated by P. Albert Morrow, M.D., etc. New York, D. Appleton & Co., 1881. Cloth, 8vo, pp. 251. Price $2.00.

Professor Fournier has long been known as perhaps the leading syphilologist of Paris. His lectures on the relation of syphilis to marriage were partly translated last year, in the London *Med. Press and Circular;* and one or two of them have appeared in this journal. By many, his statements are considered exaggerated, and his deductions unreliable, as drawn from exceptional rather than general results. We incline to think there is a good deal of truth in these criticisms.

In the volume before us there are sixteen chapters or lectures, eleven on syphilis before marriage, five on syphilis after marriage. The questions discussed are such as syphilis by conception, paternal and maternal heredity, conditions of admissibility to marriage, periods of immunity, the specific treatment, the use of sulphur waters, results when either the wife or the husband or both are syphilitic, the dangers to society from syphilitic persons, and the social prophylaxis which should be observed. Quite a number of notes and illustrative cases are added.

The style of the author is trenchant and the translation well done.

Drugs that Enslave. The Opium, Morphine, Chloral and Hashisch Habits. By H. H. Kane, M.D., New York City. Philadelphia, P. Blakiston, 1881. Cloth, 8vo, pp. 224. Price $1.50.

It is believed by many that there is a great increase in the opium consumption of the United States, and the statistics of imports certainly show largely augmented introductions in the last few years. At any rate, the passion for narcotics is sufficiently prevalent to make this work of Dr. Kane's quite timely.

He first examines the symptoms produced by the opium habit, and then discusses the treatment which can be adopted with the most promising results. In this part of his treatise Dr. Kane does not give the attention to institutions for the cure of this habit which he should do. The drugs and remedies he enumerates, bromides baths, electricity, etc., are of little use, apart from systematic supervision. Coca, he has tried without deriving any advantage from it—as might have been anticipated. Four chapters are given to the continued use of chloral and its effect on the system; and one chapter to hashisch, which is but little used in the United States. Chloral he does not think nearly so likely to form a habit of opium. Most of the blame for the continuance of opium and morphine consumption, he very justly lays upon the druggists, who commonly vend opium and its alkaloids without a physician's prescription. This should be prohibited by law.

John Hunter and his Pupils. By S. D. Gross, M.D., LL.D., D.C.L. Oxon, LL.D. Cantab. etc. Philadelphia. Presley Blakiston, 1881. Cloth, 8vo, pp. 106. Price $1.50.

This volume contains the first anniversary address before the Philadelphia Academy of Surgery. Hunter was an extraordinary man, and the prominent points in his career are ably set forth by the distinguished author of this sketch of his life. The facts are taken mainly from Ottley's and Home's memoirs, and are arranged with great literary skill, so as to bring out the inner life and mental character of the subject of the address. An excellent portrait of Hunter, phototyped from an engraving of Sir Joshua Reynold's portrait, accompanies the volume, and may also be had separately (price fifty cents). Among the "pupils" mentioned, of whom Dr. Gross gives short notices, were Edward Jenner, John Abernethy, Philip Syng Physick, Everard Home, James Wilson, and others. A chronological list of Hunter's writings forms an appendix to the volume.

Health Primers. The Heart and its Functions. N. Y., D. Appleton & Co. Price 40 cents.

This is a member of the English series of Health Primers. It treats of the structure and functions of the heart in popular language, describes its relations to the general system, and gives a series of maxims for maintaining the integrity of its functions. There is much of good sense in it, but it is not all good sense; thus we find, in p. 91, the extravagant statement: "Syphilis is the most common cause of by far the larger proportion of diseases which shorten life. * * It is never cured, and it may break out at any moment" (!). Certainly, such language in a popular book is out of place.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER-GRANVILLE.—COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents.

Full catalogue on application.

COOKERY AS IT SHOULD BE.

The importance of general sanitary instruction is a trite subject, but there are some directions where very much more ought to be said than has been said in relation thereto. One of these is in reference to cookery. Good food is of paramount importance to health and happiness. Nothing so dwarfs a nation as the lack of it. Perfect nutrition, as LAYCOCK so conclusively demonstrated in his writings, is the foundation of intellectual progress.

This country of ours, with its teeming fields and fertile orchards, its cattle on a thousand hills and myriads of waters rich in fishy tribes, has as yet ample nourishment for all its population and for millions in the old world. But the brute material of food is not enough. Man, wrote the author of *Sartor Resartus*, is a cooking animal; civilization is measured by the progress of this art, from the wild Tartar who readies his steak by tying it beneath his saddle, to the consummate dinner of a BRILLAT SAVARIN, where the service of the table reaches the level of a fine art, and where good digestion is sure to follow on good appetite, and health on both.

Measured by this scale, we Americans must confess to an humble seat in the Congress of civilized States. Whoever has often to partake of the horrors of the hot soda biscuits of the West, the fried pork and corn bread of the South, the pies of the Middle States, and the steaks of down East—as these useful articles are generally served at railway stations and cheap restaurants—will acknowledge that there is good reason for the ancient theory of DEPAUW, that America inclines a race to physical degeneracy.

How much of the early breakdown in American life, how much of the neurasthenia, premature exhaustion, loss of beauty and loss of mental vigor, is owing to dyspepsia, faulty nutrition, imperfect blood-making? That nervousness which Dr. BEARD says is the peculiarity of American constitutions, how much of it is to be traced directly to food, faulty, not in quantity, but in preparation? Perhaps this, much more than competition, atmospheric dryness, violent

climatic changes, etc., is the secret of these maladies. Individually, we don't doubt it.

We have been led to these reflections by a dinner we recently ate—led to them by what psychologists call the association of contraries.

This dinner was set for twenty-five guests. There were five courses, from soup to coffee. The flavor of every dish was what belonged to the article of which it was composed, judiciously developed by proper seasoning and preparation. If it was of beans or of cabbage, it tasted of beans or of cabbage; you recognized it at once; it was just like beans or cabbage tasted when you were a boy—not like the ordinary first-class-hotel vegetable, which, with your eyes shut, you would be ready to believe was any one of a dozen species. To be sure, there were some irregularities that were at first liable to shock a conservative mind. For instance, the regulation apple dumpling is accustomed to wear a jacket of good, strong material, something like boiled felt or wash-leather; but those at this dinner were clothed in a snow-white garb, which melted into nothing when you attacked it, and your masseter muscles felt baulked of their usual combat.

There was also a very ample supply at this dinner. It answered the Spaniard's definition of a feast, which in his opinion can only be where there is *too much* to eat. Though trencher heroes and heroines were not lacking, there was enough left to have set out a supper for the party, and that in no meagre manner.

The most remarkable fact about this banquet was its cost. The total value of all the comestibles that went towards its preparation—that value, estimated at regular market rates, and not omitting even the seasoning, was $2.25—two dollars and twenty-five cents! Not that much apiece, but for the whole twenty-five guests—*nine cents a guest!* A healthful, ample, palatable, yes, epicurean repast, for nine cents!

What magician transformed such coarse and cheap food as nine cents will buy into plates that would tempt a Lucullus? What miracle extended a scanty loaf and fish to feed such a multitude?

The magicians were the ladies who superintend the New Century Cooking School, 1112 Girard street, Philadelphia, and the miracle was the secret of judicious preparation and good cooking. They are willing to make the secret an open one; it is their wish to do so, and by disseminating this knowledge all over this land, to add to the health, comfort and happiness of our people. They desire to instruct such members of their sex as take an interest in this subject in the principles of the proper preparation of food, that these pupils, thus instructed, may convey this knowledge to other cities, and in turn become instructors, and thus disseminate this knowledge in thousands of houses.

Such an undertaking comes legitimately within the province of hygiene and sanitation; and as such eminently merits the attention and support of medical men. We commend it to their consideration, whether it would not be well worth while to mention the existence and objects of this school to the families they visit, where an ignorant preparation of food costs so much in health, and also to hospitals, boarding schools and similar institutions, where a table at once economical and healthful is such a desideratum. Full information can be had by writing to the address above given.

We have not space to refer to other advantages accruing from an improved *cuisine;* how it tends to lessen the craving for stimulants; to diminish the mortality of children; to increase the joys of domestic life; to assuage the sufferings of the invalid; to relieve the pressure of a narrow income; to allow more to be expended in culture and charity; and in many other ways to make life more worthy and worth living. All these suggestions will readily present themselves to the reflecting mind, and lead us to hope that the next philosophical gastronomist will have another kind of chapter to write on cookery in America than that in Brillat Savarin's famous book, which we close by quoting in full.

La Cuisine en Amerique.

* * * * * * * * *
* * * * * * * * *
* * * * * * * * *
* * * * * * * * *

Notes and Comments.

Hypnotism, Catalepsy and the Faculty of Speech

It will not be at all amiss, in connection with the recently reported experiments in hypnotism of Prof. Hammond, to mention a memoir by M. Ballet, which appeared in a recent number of *le Progrès Medical.*

This memoir gives a curious means of demonstration, in the living subject, of the cerebral localization of the faculty of speech in the left hemisphere.

It is well known that for several years M. Charcot has plunged his hysterical patients at the Salpetrière into the hypnotic or cataleptic, state as he chose, and by means as simple as those of Prof. Hammond.

These two conditions differ essentially; hypnotism is characterized by the following peculiarities: 1. When the limbs are elevated they do not remain in position, but fall when the support is withdrawn; the muscles and nerves are, however, in an excitable state, and irritation of any particular nerve induces contraction in the corresponding muscles with as much precision as the localized electrization of Duchenne of Boulogne. 2. The faculty of speech remains, the patient replies to questions, counts or recites verses, as he is commanded; he is even able to write or communicate with those about him by gestures. While in this hypnotized condition the patient may be, with facility, thrown into the cataleptic state. To bring this about it suffices to lift the eyelids and allow the light to influence the retina. The scene then changes completely; the hyper-excitability of nerves and muscles disappears; the limbs remain in whatever position they are placed; it is true catalepsy.

2d. What is yet more remarkable, every external intellectual manifestation is abolished; the patient no longer speaks or answers questions.

But what is even more astonishing, a patient may be placed in these two conditions at one and the same time; the right half being in a cataleptic state, while the left is in a hypnotic slumber, and *vice versa.* In order to bring this about the patient is hypnotized as usual, then one eyelid is raised while the other eye remains covered. Under these conditions the cerebral hemisphere which corresponds to the covered eye (on account of the crossing (entrecroisement) of the filaments of the optic nerve this is the opposite hemisphere) remains in a hypnotized state, while the hemisphere corresponding to the uncovered eye enters on a cataleptic condition.

Thus in this subject there exists at the same time a state of hemi-lethargy and hemi-catalepsy. M. Lepine originated, in Charcot's service, the experiment which we will briefly present, and which is at present daily repeated at the Salpetrière. A hysterical patient is hypnotized; she speaks, reads, and writes while in this state; the left eyelid is raised, and the right hemisphere thus plunged into a cataleptic condition, and the patient continues to speak and gesticulate. But if, on the other hand, the right eye be uncovered, that is, if we place in the cataleptic state the left hemisphere, the presumed seat of the faculty of speech, the scene changes. The patient suddenly becomes silent, she no longer answers questions; the phrase commenced remains unfinished; the patient no longer makes sign or gesture.

A hysterical patient in the hypnotic state is commanded to count, and does so automatically. We suddenly uncover the left eye (right hemisphere), there is no interruption in the enumeration; we lift the right eyelid (left hemisphere); there is sudden arrest in the counting, but the patient recommences as soon as the eyelid is dropped.

Significance of Tendon Reflex.

This is discussed in a recent paper by Dr. H. Senator, of Berlin, editor of the *Centralblatt für Med. Wiss.* It is well known that a sharp blow on the tendon of the patella, when the legs are crossed, will cause the leg to be raised by the sudden contraction of the quadriceps extensor femoris, and a movement of the foot can be induced by a similar blow applied to the tendo-Achillis. Tschirjew has shown that in the rabbit the centre for the reflex act in the patellar-reflex is situated between the fifth and sixth lumbar vertebræ, the afferent fibres proceeding from the tendon, and not, as Joffroy maintained, from the skin. These fibres run in the crural nerve, the division of which puts an end to the phenomenon. Senator corroborates Tschirjew's statement that division of the spinal cord opposite the fifth or sixth lumbar vertebra abolishes patellar tendon-reflex. He finds, further, that division of one lateral half of the spinal cord at this level abolishes the reflex on the corresponding side only. There is, therefore, no decussation of the nerve fibres. Division of the lateral column on one side produces the same effect. Division of the posterior cornua of the gray substance does not abolish the tendon-reflex. He concludes that in this part of the lumbar region both the sensory and motor fibres of the posterior extremities are exclusively contained in the

lateral columns of the cord. It is remarkable that the patellar tendon-reflex can only be induced by one kind of stimulation—namely, mechanical shock or sudden extension by a blow. Neither electric, chemical, nor thermic stimuli have any effect. Nor has such stimulation as can be applied by pricking, cutting, or pressure. Senator discusses the views of Tschirjew in regard to its presence in health and disease, and appears to think that it is not always demonstrable in health, and not always absent in ataxy.

Value of Venesection.

A correspondent writes to a recent number of the *British Medical Journal:* "I heartily agree with Sir James Paget, who says that 'we undoubtedly overvalue the blood, and estimate too cautiously the loss of it,' etc. I can testify from personal experience that venesection is the remedy *par excellence* for scarlatinal uræmic convulsions. During the summer of last year, I unfortunately caught scarlet fever, which was followed by uræmic convulsions. The convulsions came on one night, and were preceded by a few hours by intense frontal headache, vomiting, defective vision, muscular twitchings in the legs, shoulders, etc. After I had had two or three convulsive fits, I was bled to two pints. Mustard poultices were also applied to the legs, and ice to the head, etc. Soon after the venesection, I think, I had two more fits, but they were not so strong as the former ones. My sight returned so that I could distinguish people after two days."

Food for Infants.

A prize was offered by the Paris Academy of Medicine last year, for an essay on the artificial feeding of infants. The essays show that there is some lack of unanimity in opinion.

The vexed question as to how far the milk should be diluted still remains unsettled, and gastro-intestinal disturbances are variously ascribed to the dilution of the milk or the want of it. In connection with this question, it has been well suggested that milk given fresh from the udder of an animal is to a great extent a living aliment, and much more easy of digestion. Possibly, also, the difference between country and town-fed animals may influence the necessity for the addition of water, and it may be possible to increase the tenuity of the milk by inducing a more frequent drinking on the part of the animals which supply it. No hard and fast rule, however, can be laid down on this subject, but the tolerance of the digestive organs may always be taken as the guide. The addition of a small quantity of sugar is generally recommended, though the possibility of its inducing intestinal derangement is not to be overlooked. A few grains of common salt was proposed by two of the writers. Artificial substitutes for milk were all but universally condemned. The importance of most careful supervision of artificial feeding was emphatically insisted upon, and the contrast between its pursuance at home and in public nurseries was shown by the following figures. The mortality of children fed by mothers was 10 to 16 per cent.; by wet nurses, 26 to 30 per cent.; by artificial feeding at home, 15 to 20 per cent.; and away from home, 50 to 60 per cent. The great dangers of the last mentioned system are forcibly dwelt upon.

London Fogs and Health.

The eminent sanitarian, Dr. Alfred Carpenter, has a paper on "London fogs," in the December number of the *Journal of the Society of Arts.* He discussed with much ability the causes of the intensity of town fogs, the means for their prevention, and how to set these means in operation. The question is a serious one, as appears by a paper by Dr. Arthur Mitchell, published in the *Journal of the Scottish Meteorological Society*, vol. v. Dr. Mitchell speaks of the fogs that prevailed in London from November, 1879. to the end of the first week in February, as forming one continuous fog, "constituting one of the most remarkable on record in this country." He shows that: (1.) The whole death rate was enormously increased. (2.) No approach to so large an increase of the death-rate showed itself in any other of the British large towns. (3.) Asthma is the disease which appeared to be most directly increased in its fatality by the fog, In the first three weeks of 1880, when the fog more or less completely disappeared, the death from this disease fell at once to about 30 per cent. below the average, having previously risen in the middle of December, when the fog was severe, to 43 per cent. above the average, and rising again in the end of January and beginning of February, when the fog was densest and most persistent, to 220 per cent. above the average. The death-rate in London rose in the first week in February, when the fog was worst, to the enormous ratio of 48 per thousand. Considering all this, it is not to be wondered at that men of science have been at work to devise means to rid London of its fog, if possible.

The Composition of Podophyllin.

The London *Med. Times and Gazette* states that the composition of the product of the podophyllum peltatum, which is known as podophyllin, has just been subjected to careful investigation by Dr. Podwyssotzki, assistant in the Pharmacological Institute at Dorpat (*Archiv für exp. Path. u. Pharm.*, xiii, page 19). The principal constituents were found to be three. The first is a colorless substance which crystallizes with difficulty, is soluble slightly in water, but freely in alcohol, with an excessively bitter taste, and has a very slightly acid reaction in alcoholic solution. This substance, for which the name of podophyllotoxin is proposed, is a powerful poison—one to five milligrams killing a cat. The second constituent is a body which the investigator calls picropodophyllin—crystalline, neutral, insoluble in water, intensely bitter, and physiologically active. Podophyllic acid, an intensely acid substance, soluble in warm water, and combining with alkalies, completes the important constituents of podophyllin. The same constituents can be obtained from the rhizome. With respect to the physiological action of these bodies, the podophyllotoxin possesses all the well-known properties of the resin. Picropodophyllin possesses the same, but in a greatly inferior degree. Podophyllic acid is physiologically inert. Podwyssotzki is strongly inclined to believe that the picropodophyllin and podophyllic acid, which can be obtained from podophyllotoxin, are due the decomposition of that body by an alkali.

On the Abortive and Curative Treatment of Smallpox.

"On the 16th January, 1880," says Dr. Bouyer, of St. Pierre de Fursac, in the *Bull. de Thérapeutique*, December 25th, "I addressed to the Academy of Medicine the following letter:—'I have the honor to forward to the Academy a sealed packet containing a formula for what I believe to be the curative and abortive treatment of smallpox, and which I have found very successful in six cases. When I have tried the treatment in a greater number of cases, I shall lay before the Academy the results of my investigation.'"

On the 16th March, Dr. Bouyer had had fifteen cases, all confirming the efficacy of the remedy, and shortly afterwards he was pleased to make it known. The following is the formula recommended:—

℞.	Alcohol,	10–15 grams	(2½–4 ʒ)
	Salicylic acid,	1 gram	(15 grs.)
	Simple syrup,	20 grams	(5 ʒ)
	Water,	50 grams	(2 ℥). M.

Of this a tablespoonful should be taken every six hours if the case is seen early, and every four hours if the disease is well advanced before the treatment is begun. Dr. Bouyer finds that under this treatment, commenced early, the eruption is discrete, or if confluent, the pustules are of small size, and contain little pus. They contract between the sixth and eighth day, leaving light furfuraceous crusts, which fall off in a few days without leaving either cicatrices or stigmata. The fever of suppuration is always greatly diminished.

Desiccated Ox-Blood and Hæmoglobine.

Dr. Le Bon, in the *Journal de Thérapeutique* (November 25) protests against the claim which Dr. Andrew Smith and others in America have made, of having invented this preparation, the full description of which he had published five years since in the *Comptes-Rendus* (1875), and notices of which were given in all the French medical journals. It has now, he states, been well tried at the Paris hospitals, and especially by Prof. Bouchut at the Children's Hospital, and has been found most efficacious in all cases in which reconstitutents are required, and succeeding where the martial preparations fail. It is indicated wherever iron, raw meat or the phosphates are useful. Hæmoglobine, Dr. Le Bon says, is difficult to prepare, and in some modes of desiccation of blood all hæmoglobine is lost. He has had it prepared by a skillful chemist, and it is now in the trade. It is almost completely soluble in water, giving to this a magnificent red color. It may be given in this way or with chocolate, or in the form of powder. The American plan of adding alcohol he criticises, as this precipitates the albumen. Dr. Le Bon observes that all the elixirs or wines sold as containing any of the essential principles of blood or meat are an entire delusion, as they cannot contain an atom of the albuminoid principles which give to meat its nutritive properties.

Foreign Bodies in the Uterus.

Le Praticien publishes two interesting cases: in the first, the physician, finding himself in the presence of dangerous hemorrhage from the uterus, introduced into and left in the organ a sponge wet with aromatic vinegar. When the hemorrhage ceased it was not considered expedient to remove the sponge, and the os uteri soon closed so that the extremity of the index could not be introduced. The next day, when about to dilate the os, the physician was agreeably surprised at finding the sponge in the vagina.

In the second case an accoucheur, obliged to introduce the hand to separate an adherent placenta, found that he had slipped off and left in the organ a rather loose finger ring. Nothing was done until two days later, when, as there was slight hemorrhage, he made a vaginal examination, found the os somewhat dilated and the ring just behind it; he was able to withdraw it with the bent finger. M. Hugues concludes, from these facts: 1. That foreign bodies introduced post-partum into the uterus are not liable to induce serious accidents, and, 2. That the uterus itself often induces the expulsion of foreign bodies introduced into the organ.

CORRESPONDENCE.

A Health Resort in Northern Georgia.

ED. MED. AND SURG. REPORTER:—

About two years ago my attention was first called to the superiority of the climate of certain parts of Georgia, with reference to the treatment of consumption, by Dr. J. M. Keating, of Philadelphia, whom I met at Delhi, India, in company with General Grant and party, on their tour around the world. Dr. Keating, who has devoted much of his time to climatological researches, and had spent a portion of a winter in Georgia, with an invalid, was quite enthusiastic on the subject, and declared that, as regards health and comfort, he would rather live in Georgia than in any other part of the United States.

Bath, a little village in Richmond County, about sixteen miles from Augusta, in a southwesterly direction, and seven miles southeast of Berzelia, on the Georgia Railroad, is universally regarded as the healthiest spot in this State, and has, since 1812, been a favorite summer resort with the planters from the surrounding malarial districts, and many of the wealthy citizens of Savannah, Augusta, and other neighboring cities, who annually flock hither with their families, in order to escape from the scorching heat of the valleys with its attendant evils, malaria, mosquitoes, etc. etc. Of late, a few invalids from the North have spent the winter months here, and have, I believe, without exception, returned to their homes in the spring much benefited. As this place possesses in a more perfect degree than any other locality in the United States with which I am acquainted, those climatic conditions that are now considered by high authorities to be necessary for the successful treatment of phthisis, viz., altitude, dryness of atmosphere, and a mild and equable temperature, which enables the invalid to live, as it were, out doors; yet is sufficiently cool and bracing to render active exercise in the sunshine agreeable, I think it deserves a wider reputation than it has hitherto enjoyed. Mr. Wingate, a gentleman from Maine, who for many years has traveled with his son, and spent several winters in the Bahamas, Florida, Mexico, California, and the two last here, says that he considers this climate superior to that of any of the above named regions. Dr. J. M. Dent, who has been practicing his profession here for thirteen years, states that during that time he has not met with a single case of malarial fever, typhoid fever, pneumonia, or consumption, which originated in Bath; although while practicing in one of the neighboring counties he averaged during the winter months fifteen cases of pneumonia a day; he moved to this place himself for his health, and declares he would rather live here on corn bread, than elsewhere on all the luxuries that wealth could procure.

Although no meteorological record has hitherto been kept, the winter temperature ranges, as far as I can learn, from 40° to 60° Fahr., with an occasional frost and a slight snow-fall once in half a dozen years; the past winter has, however, here as elsewhere, been exceptionally severe. The soil being sandy, the roads are perfectly dry half an hour after even a heavy rain shower, but rains are by no means frequent, and when they do occur it is usually at night, the sun rising again in the morning on a clear and bright sky sending forth his life-giving light unimpeded by a single cloud. The village of Bath is built on several hills, at an elevation of about 900 feet above the sea, and being surrounded by dense pine forests the atmosphere is constantly charged with those terebinthinous vapors, the inhalation of which we know is at present regarded as one of the most efficacious remedies in the treatment of pulmonary, laryngeal and nasopharyngeal diseases. A clear stream of water runs through the village, and an elegant bath house with swimming arrangements has been erected for the use of the inhabitants and visitors. Numerous excellent springs, some of which contain iron and magnesia, burst forth from the earth in various places. There is no hotel in the place, which I regard as an advantage, hotels offering anything but comfort to invalids, who, moreover should never be crowded together in one house, but rather scattered about among healthy people; large, comfortable and airy rooms, with first class board, may, however, be had at reasonable rates ($15 to $25 a month), in private families, and there being a plentiful supply of good wood, huge fires will always be found blazing on the hearth during the cold season, adding materially to the cheerfulness of the surroundings as well as to the maintenance of perfect ventilation. Another advantage which I think this place possesses is that it is some distance off from the railroad, invalids thus escaping the noise and bustle of the arrival and departure of the trains, and the town being kept free from that rowdy element which always accompanies the iron horse. As for outdoor amusements, there are excellent hunting grounds, and the numerous good roads which extend in all directions offer facilities for riding, either in carriage or on horseback, the latter healthy exercise being at present much in vogue and practiced daily by the younger and more active of the visitors, while nothing can be more pleasant than a promenade in the woods on a bright, sunny day, or a game of croquet on the large open lawn in the village. There are at present two physicians at Bath, Dr. Dent, who, as above stated, has been practicing his

profession in this place for thirteen years, and myself, who, though but a short time here, have been so favorably impressed with the place and its surroundings that I intend to move my family here at once. A collegiate institute is about to be established, with the Rev. Paul C. Morton as Principal, assisted by experienced teachers, in which instruction may be had in all the English branches, ancient and modern languages, physiology, chemistry, etc., and this I regard as of special advantage to delicate youths and young ladies who, through ill health, are unable to pursue their studies in the North.

Bath, Ga. JOHN C. SUNDBERG, M.D.

Special Branches of Medicine.

ED. MED. AND SURG. REPORTER:—

In looking over the REPORTER of last week I came across a communication by Chas S. Turnbull, M.D., of Philadelphia, on "Nasal and Pharyngeal inflammations, considered with reference to diseases of the middle ear; with remarks upon treatment;" which I read with a great deal of satisfaction and interest.

The subject is treated entertainingly and practically, and it is the complete conviction of the truth of my experience that leads me to comment on a subject of so vital importance. Every medical practitioner is constantly meeting with cases of disease peculiar to these organs, some of which may be classed among the most formidable affections. In the large cities not a few devote their exclusive attention to the practice of their chosen specialty; still they are unable to treat every case that occurs, and consequently the general practitioner is almost daily encountering cases which demand special treatment. Hence it is important that the general practitioner should be acquainted with the literature and best means of diagnosis and treatment of these diseases. That many promising cases from which good results might be obtained are never treated cannot be gainsayed. They are perhaps diagnosticated; but inasmuch as many physicians never meddle with these organs, or the patients are perhaps treated without benefit, they abandon all treatment and become nearly reconciled to the inevitable, when their hopes are again revived by reading flaming newspaper and almanac advertisements, and the patient invests in some patent medicine or secret treatment, or perchance consults some traveling medicine vender, some charlatan or quack, who makes unwarrantable pretensions to skill, promising cure for all diseases that human flesh is heir to, is fleeced of his money, and eventually goes down to his fate.

I have no question in my own mind, but that our ideas and treatment of idiopathic inflammations of the mucous membranes of the nose, pharynx and middle ear must be radically changed, and that the common and vague term "catarrh," which is applied to almost every variety of head troubles, will soon have a place only in the evening mist and mysteries of the past, not able to stand the noonday sun. The detection and efficient treatment of this class of cases are so tersely expressed by Dr. Turnbull in his valuable communication, that it seems wonderful that it should ever be neglected. And, in reviewing the subject of aural and ophthalmic surgery, as well as rhinoscopy and laryngoscopy, as rationally practiced, when contrasted with the stereotyped course as followed by most physicians, many deductions may be drawn. We not only find much to learn but much to unlearn. I am a country practitioner, and have not attained, nor do I expect the amount of operative success of those who practice their chosen specialty exclusively. Yet I have the gratification to see some evidence, at least, that my labors in these various special branches of medicine have not been in vain. And the surest way of gaining that end is by studying and paying due respect to the rules, methods and precepts of the acknowledged "lights," in these special branches of medicine and surgery.

Therapeutically we have been struggling in the dark, both in general and special medicine; but science seems to be on the verge of letting in the dawn of a new day, and the readers of our valuable MEDICAL AND SURGICAL REPORTER are catching the rays transmitted and thrown off by these "special lights," thereby receiving constantly useful information, and through this reading become better qualified to perform the duties of the profession. Medical journals nurture and form a taste for reading when the text-books have lost their interest. They have led many of the profession to cultivate a talent for writing, and in this way science has been advanced. New remedies, pathological views and methods of treatment are thus made known to the readers of journals long before they are embodied and collected in standard works. Therefore let the men engaged in special branches make their experience, their methods and plans of treatment known through the journals, for the benefit of their professional brethren, who, feeling the greatness of their mission, labor for the welfare of mankind. I am well aware that the specialist is often accused of being "*Novitatis potius quam veri studiosus*," but it must be borne in mind that the medical art is progressive. It has much to learn, and there yet remains very much land to be possessed in the work of original investigation; and this applies to all branches of medicine. Hence let the general practitioners of medicine, men who have had the opportunity of noting the progress of medicine, who have observing minds and mature judgments, such men as Dr. Traill Green, Dr. Hiram Corson, and a host of others who might be mentioned, who show, as their years increase, their activity and professional enthusiasm does not diminish, let these men keep their pens in motion; they take active interest in medical progress, and what they write has weight; their writings are always acceptable and impart sound truths. The physician who reads medical journals with regularity is always furnished with some new hints, and keeps abreast of medical progress. We are always learners, and find that much needs to be supplemented, both in knowledge and experience, to become masters of the science and expert manipulators of the art. "Work, watch and wait," should be every physician's motto, and he should be satisfied with no attainments, however high. The *ultima thule* lies beyond.

Bath, February 22d, 1881. G. T. FOX, M.D.

Scarlatina and Smallpox.

ED. MED. AND SURG. REPORTER:—

For the purpose of awakening thought suggestive of a rational treatment of these much dreaded and oft fatal diseases, which prevail so alarmingly, I offer these views. My knowledge is obtained more from books than from experience, and is presented as a rational theory of treatment proper for these acute exanthems.

The action of the atmosphere upon wounds is well understood, in the processes of secretion, suppuration and desiccation of the secretions, by which granulation and healing is made possible. Without the exclusion of the air from the raw surfaces of wounds by natural or artificial means there could be no cicatrization; hence the propriety of protecting the inflamed and sensitive surfaces from the action of the atmosphere in exanthematous diseases. If the secretions were repeatedly wiped out of a wound, and it was left exposed to the atmosphere, it would never heal. Bearing these facts in mind, in reading many hospital and physicians' reports of their mode of treatment in scarlatina, I found in many instances, and especially in those successfully treated, incidental allusion to bathing and inunction, and these confirmed my convictions that exclusion of the surface of all efflorescent patients from the action of the atmosphere should be a part of a rational treatment. On one occasion I was called to see a patient suffering intense pain, whose entire surface presented the appearance of a boiled lobster; the efflorescence was exceedingly aggravated and skin sensitive; the patient was, to my mind, being pained to death! At once I prepared an antiseptic bath, of normal flesh heat (which was cooling and grateful to the patient suffering from a fever heat), and while being sponged the patient dropped into a sweet, refreshing sleep. After the temperature was somewhat reduced by the tepid bath, the patient was anointed with a bland, antiseptic ointment over the entire surface. By daily use of the sponge bath, which was immediately followed by inunction, the patient soon convalesced, with but little trouble from the usual *sequelæ*. Had the bath and inunction been used on the first appearance of the eruption, in my opinion, there would have been no symptoms of the *sequelæ*.

In some cases of *variola*, to prevent pitting, physicians protect the face from the atmosphere by using oiled silk coverings. And in your journal of the 19th inst. (page 217), Dr. Schwimmer advises a mask of pliable linen for the face, to be smeared with liniments composed of carbolic acid, olive oil and chalk, or starch, to prevent pitting by smallpox.

Now, if the pitting of the face can be prevented by protecting it from the action of the air by oiled silk, or by carbolated ointments, thereby preventing the enlargement of the pustules, and increased ulceration, why not protect the entire person from the poisonous action of the air, and thereby lessen the ulceration and the production of pus and virus, and save the patient, not only from *pitting*, but from *dying* from the secondary fever caused by the absorption of this accumulated virus, resulting from the action of the atmosphere. Wounds properly protected from the atmosphere generally heal by *first intention*, and without the generation of pus. Whence, then, the great amount of pus in extensive suppurating wounds? Not from within, but from the poison without. Whence the immense quantity of virus pus that covers the patient suffering from confluent variola? It cannot come from within altogether.

Without speaking of the various prescriptions used by physicians in the treatment of these diseases, many of which are proper, I have briefly hinted at what I believe to be the *rationale* and the *desideratum*, in the treatment of the diseases named, believing that by the use of antiseptic baths, and antiseptic ointments, which exclude the air, and also the light (if pulverized charcoal was used in the ointment), *nine tenths of the deaths that occur in the secondary fever in variola may be obviated!* JOHN BROOKS, M.D.

Sinnamahoning, Pa., Feb. 23, 1881.

NEWS AND MISCELLANY.

American Medical Association.

The following announcement has been sent us for publication:—

The Thirty-second Annual Session will be held in Richmond, Va., on Tuesday, Wednesday, Thursday and Friday, May, 3, 4, 5, 6, 1881, commencing on Tuesday, at 11 A. M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States."

"Each State, County and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: Provided, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of Medical Societies as above designated are earnestly requested to forward, at once, lists of their delegates.

SECTIONS.

Practice of Medicine, Materia Medica, and Physiology: Dr. Wm. Pepper, 1811 Spruce street, Philadelphia, Pa., Chairman; Dr. T. A. Ashby, Baltimore, Md., Secretary.

Obstetrics and Diseases of Women and Children: Dr. James R. Chadwick, cor. Marlborough and Clarendon streets, Boston, Mass., Chairman; Dr. Joseph Taber Johnson, Washington, D. C., Secretary.

Surgery and Anatomy: Dr. Hunter McGuire, Richmond Va., Chairman; Dr. Duncan Eve, Nashville, Tenn., Secretary.

State Medicine: Dr. James T. Reeve, Apple-

ton, Wis., Chairman; Dr. R. G. Jennings, Little Rock, Ark., Secretary.

Ophthalmology, Otology and Laryngology: Dr. Dudley S. Reynolds, Louisville, Ky., Chairman; Dr. Swan M. Burnett, Washington, D. C., Secretary.

Diseases of Children: Dr. A. Jacobi, 110 W. 34th street, New York, Chairman; Dr. T. M. Rotch, 77 Marlborough street, Boston, Mass., Secretary.

A member desiring to read a paper before any Section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the chairman of the Committee of Arrangements, at least one month before the meeting.

Committee of Arrangements. Dr. F. D. Cunningham, Richmond Va., Chairman.

Amendment to the By Laws, offered by Dr. J. M. Keller, Ark.: In the election of officers and the appointment of committees by this Association and its President, they shall be confined to members and delegates present at the meeting, except in the Committees of Arrangement, Climatology and Credentials. W. B. ATKINSON,
Permanent Secretary.

The International Medical Congress.

We have received from Dr. C. T. Hunter, Local Secretary, the programme of the Seventh Session of the International Medical Congress. As before announced in the REPORTER, the President is Sir James Paget, Bart. The Chairman of the Executive Committee is Dr. Risdon Bennett; of the Reception Committee, Prescott Hewett, Esq., F.R.S. The published rules are as follows:—

RULE I. The Seventh Session of the International Medical Congress will be opened in London, on Tuesday, the 2d of August, 1881, at the Royal College of Physicians, Pall Mall, where the Executive and Reception Committees will meet the members, between the hours of 4 P.M. and 7 P.M. The meetings for business will commence on Wednesday, August 3d, and will end on Tuesday, the 9th of August.

Members will be registered and tickets issued on the 2d of August, and on succeeding days, during the session of the Congress, at the office of the Reception Committee, at the College of Physicians, Pall Mall, between the hours of 9 A.M. and 5 P.M.

Tickets may also be obtained beforehand from the Reception Committee, by intending members, on payment of their subscription and upon their making a properly authenticated application.

RULE II. The Congress will be composed of medical men, legally qualified to practice in their respective countries, who shall have inscribed their names on the Register of the Congress, and shall have taken out their tickets of admission. The subscription is fixed at one guinea, which amount is to be paid on inscription and before the commencement of attendance at the meetings. Each member of the Congress will be entitled to a copy of the Transactions when published.

RULE III. Ladies invited by the Reception Committee may be present at the Social Meetings of the Congress, but may not attend the Business Meetings.

RULE IV. The work of the Congress is divided into fifteen sections; and Museums of objects of scientific and professional interest will be on view during the meeting.

RULE V. A President of the Congress, Vice-Presidents of the Congress, a Secretary-General, as well as a President, Vice-Presidents, Council, and Secretaries for each Section have been nominated, but the definitive election of officers will be made by the Congress at its meeting on August 3d, when a certain number of Honorary Presidents of the Congress will be elected. Honorary Presidents of the Sections will also be elected by the Sections.

RULE VI. The first general meeting of the Congress will take place on Wednesday, August 3d, at 10 A.M., in St. James's Hall, Regent street, when the Congress will be constituted, and the President will deliver an Inaugural Address; and at three o'clock on the same day the Sections will meet for the transaction of business in the rooms allotted to them. The Congress will subsequently assemble twice daily, from 10 A.M. to 1 P.M., for Sectional meetings, and from 4 to 5.30 P.M. for general meetings. Any Section requiring additional time may meet from 2 to 2.30.

RULE VII. The general meetings are reserved for:—

1. The transactions of the general business of the Congress.

2. Addresses or communications of scientific interest more general than those given in the Sections.

RULE VIII. Questions which have been agreed upon for discussion in the Sections will be introduced by members previously nominated by the officers of the Section. The members

RULE XII. The rules, programmes, and abstracts of papers will be published in English, French, and German.

Each paper or address will appear in the transactions in the language in which it was delivered by the author. The debates will be printed in English.

To ensure accuracy and facilitate the publication of the proceedings, speakers are requested, before the conclusion of each meeting, to hand to the Secretaries of the Section, in writing, the substance of their speeches.

RULE XIII. The President of each Section will direct the discussions in it, according to the rules usually observed in deliberative assemblies.

He will decide upon the daily programme in conjunction with the officers and council of the Section.

RULE XIV. The Executive Committee reserves the power to permit the attendance at business meetings of medical students and of other persons interested in the work of the Congress, on the recommendation of the Executive Committee, or the officers of a Section, and the payment of half a guinea. These persons will not be allowed to take part in the proceedings.

RULE XV. Questions relating to the business of any of the Sections must be addressed to the Secretaries of that Section.

All other communications should be sent to WILLAM MAC CORMAC, Esq., Hon. Secretary General, 13 Harley street, London, W.

Smallpox in Philadelphia.

This has been a prosperous winter for varioloid in Philadelphia. Two or three deaths a week from it were reported for the first eight months in the year. Beginning with the first of September last, there was a marked increase in the number of deaths from the disease, which increase has steadily continued to the present time. During the first week in September there were eight deaths from smallpox in Philadelphia; during the first week of the present month, February, there were 61 deaths from the same disease. During the whole period, twenty-four weeks, from the 1st of September to the 12th of February, there were six hundred and fifty-six deaths from smallpox. The total deaths in Philadelphia, during this period, was 7967; the deaths from smallpox were, therefore, 8.2 per cent., or one in twelve of all the deaths.

Commenting on these facts, Dr. E. S. Snow, of Providence, forcibly remarks:—

No principle of sanitary science is more positively established than this, that there is an absolutely certain individual preventive of smallpox, which is easily obtainable and easily applied. The whole question of the arrest of this disease, at any time and in any place, is simply the question of the faithful application of this preventive, with other suitable well-known sanitary measures.

If this preventive and these sanitary measures had been faithfully applied on the appearance of the first case of smallpox in Philadelphia, the whole subsequent disease, suffering, loss of life and loss of money would have been prevented at an expense of a few dollars. If the same measures had been faithfully carried out in the first ten cases of the disease, the same result would have been obtained at an expense of a few hundred dollars.

With each week's delay, and increase of new cases, the trouble and expense of arresting the disease have been greatly increased; but at no time, from the beginning to the present moment, has the complete arrest of the disease by suitable measures been impossible, or even doubtful.

Peculiarities of Race.

The report of Dr. Smith, stationed with the troops at Fort Clark, Texas, shows that there is quite a difference in taste between the white and negro troops at that place. The troops are furnished with certain rations. If they do not care for these they can sell them and purchase other groceries and supplies in their stead. The doctor finds that the negroes sold most of their coffee and salt, whence it might be inferred that they did not appreciate these articles. On the other hand, the white troops sold their pork and bacon and pepper. A curious circumstance was the fact that the negro soldier consumes twice as much sugar as a white one; a still stranger fact, the declaration that the darkies use, on the average, three times as much soap as their white brethren.

Peacemakers.

When Dr. Gatling, the mildest-mannered, most benignant of men, conceived the notion of that murderous instrument known as his gun, he perfected its slaughtering prowess in the "interests of peace." Make such an instrument as will render battle simply slaughter, and we shall have no wars, was his axiom. Another bloodthirsty advocate of peace is experimenting, at Washington, with an instrument of possibilities so bloody and death-dealing that Dr. Gatling's monster may be considered a boyish toy in comparison. This peacemaker is also a doctor—Dr. McLane—and his gun ranges from the size of a handy horse pistol to a one hundred and fifty pounder, and its power of destruction may be likened to the simoon on the desert careering over a helpless caravan.

Pharmaceuticals.

MEDICINAL WHISKY.

A pure article of stimulants is a most important aid in therapeutics, and so much of the ordinary spirits on sale in drug stores is inferior deleterious stuff, that we mention with pleasure the effort of the Newbold-Buchanan Distillery Co., Louisville, Ky., to put at the command of all an entirely sound whisky. It is put up in bottles, so corked and labeled that any tampering with the cork and any refilling of bottles with a lower grade is impossible. The cases are retailed at $12.00 each, and some excellent judges to whom we presented a sample sent us, pronounce it old, pure, soft, and of full flavor. We have every confidence that it merits in an unusual degree the endorsement of the profession.

"Winter Cholera" and "Butterine."

A Chicago despatch of Feb. 28th states that a number of prominent physicians, interviewed for the *Tribune*, give it as their opinion that the disease known as "winter cholera," which has prevailed to an alarming extent in that city during the winter, is traceable to the extensive use of "butterine," in the composition of which hog products largely enter, and not to the Lake water. They say the process of making the compound does not require the high temperature which is necessary in refining lard; and that the germ of the disease might pass through the process without being killed.

Items.

—The National Board of Health *Bulletin* states that the relative mortality of the white and colored cannot be given with any accuracy until the late census shall furnish the respective populations for a sufficient number of cities. The reports of 1879 and 1880 indicate, however, that the mean annual death-rate of the whole white population is not above 20 per 1000, while that of the colored people is above 30. The ratio of two to three will nearly express the relative mortality, so far as it has been determined by reports based on an imperfect estimate of population.

—By a decision of the Supreme Court of this State the bequests of the late Prof. Geo. B. Wood to the Medical Department of the University of Pennsylvania, for the maintenance of the auxiliary Faculty, will have to be reduced, in proportion to the general depreciation of the estate. This may jeopardize the continuance of the auxiliary Faculty.

—M. Oscar Comettant has just started, in Paris, a periodical, entitled *Nouveau-né*, of which the object is to give counsel as to the proper treatment of infants during the first year of their life. A copy of the first number, accompanied by a letter from M. Comettant, was sent to Victor Hugo, who acknowledged its receipt in a note, in which he said: "Your letter moves me. I applaud you. Everything you may do for infancy you will do for humanity. Forget not that this sweet infancy, trembling and naked, brings to us, in its arms, the future."

—All the physicians at Hoosick Falls, New York, have agreed to respond to no calls from families who have unpaid bills more than three months old.

OBITUARY NOTICES.

—At the regular annual meeting of the Faculty of Starling Medical College, held February 26th, 1881, the death of Prof. Francis Carter, Dean of the Faculty, was announced. The regular business was suspended, and the following resolutions, expressive of the sentiments of the Faculty, were adopted:—

"*Resolved*, That in the death of Prof. Francis Carter, our beloved Dean, we have lost an accomplished and genial colleague, a wise counsellor and faithful guide, and that we tender to his family our heartfelt sympathy; and

"*Resolved*, That we attend the funeral in a body, and that the halls of the College, which was founded mainly through his influence, and over which he has for many years presided with dignity and efficiency, be draped in mourning for thirty days."

—Dr. Arthur Clifford, a son of ex-Governor Clifford, of Massachusetts, while returning from a short trip to New York, with Dr. Ira Russell, shot himself through the heart in a Ware River train, between Barre Plains and Winchendon. He had been partially insane.

—Dr. George W. Dirmeyor, a well-known physician, for many years Secretary of the Louisiana Board of Health, died in New Orleans last week, aged 52 years. A few days before Dr. Dirmeyor had stated that he had seventy-seven hemorrhages of the lungs in the past twenty-seven years.

—Dr. John S. Winans, a well-known physician in Allegheny, died at his residence in that city on the 5th ult., in the 68th year of his age. He was born in Milton, O.; graduated at the Ohio Medical College, Cincinnati, in 1845; practiced his profession for many years at New Brighton and Rochester, Pa., and removed to Allegheny in 1870.

QUERIES AND REPLIES.

ED. REPORTER.—In reply to T. A B's question in your issue of February 19th, concerning the weight of Edward H. Rulloff's brain, the following extract from a sketch of his life and character, taken from *The Phrenological Journal*, Sept., 1871, will, we trust, be satisfactory:—

"Very soon after the execution of this singular man, his head was taken by certain authorized physicians of Binghamton, and dissected. The brain was found to weigh fifty-nine ounces, being nine and a half or ten ounces heavier than the average weight. The heaviest brain on record is that of Cuvier, the celebrated French naturalist, which is given by some authorities at sixty-five ounces." JONATHAN FAUST, M.D.

Zieglersville, Pa.

Other correspondents supply the same facts.

Dr. S. J., of N. Y.—The tartrate of morphia has been used, and is well recommended, for hypodermic injections. The proportion is one part to twenty of distilled water. It is said neither to decompose nor deposit crystals. The solution of the acetate rusts the syringe, and that of the bimeconate frequently develops a fungus growth.

MR. EDITOR.—In your issue of Feb. 19th, under Queries and Replies, H. W., of Ohio, relates a case where calomel and chlorate of potassa, given together, resulted in poisoning by corrosive sublimate. His chlorate of potas. was combined with the tinct. of the chloride of iron, which contains free hydrochloric or muriatic acid, and that is where the difficulty was. Chlorate of potas. dissolved in water and given with calomel is entirely harmless. A little medical chemistry is useful. W.

Bloomfield, N. J., Feb. 28, 1881.

MR. EDITOR.—Dr. T. B. F., of Ohio, in the REPORTER of Feb. 26th, asks for suggestions as to the treatment of "an obstinate case of chorea," without giving any reasons for so doing. I would recommend that he use, per rectum, and in suitable amount, chloral hydrate dissolved in milk, and repeat every twelve hours. I would ask that he report success or failure in the REPORTER. H. L. HORTON, M.D.

167th street, New York.

MARRIAGES.

HAYNES—MOORE.—On Feb. 18, by the Rev. Jas. Millett, Ruth A., daughter of J. Moore, and W. H. Haynes, M.D., both of New York.

LANGDON-LUTES.—At the residence of the bride's mother, Medford, N. J., on Thursday, Feb. 24, by the Rev. George R. Snyder, Charles H. Langdon, M.D., of Poughkeepsie, N. Y., and Emma Louise, daughter of the late Elwood Lutes.

SMITH—HAGAN.—In Atlantic City, on February 10, 1881, by Rev. J. J. Fedigan, Dr. Mark L. Smith, of Philadelphia, and Katie A. Hagan, daughter of John Hagan, Esq., of Atlantic City.

DEATHS.

COMFORT.—On February 9, 1881, near Wyoming, Minn., Dr. J. W. Comfort, formerly of this city, aged 70 years.

HART.—In this city, Feb. 19, 1881, Harry C. Hart, M.D., in his 53d year.

IRVING.—At West Bergen, N. J., on February 22, Dr. John B. Irving, of Charleston, S. C., in his 81st year.

SCHMIDT.—In New York, on Tuesday, February 22d, D. Webster Schmidt, M.D., in the 48th year of his age, son of the late John W. Schmidt, M.D., of Charleston, S. C.